

<i>SERFF Tracking Number:</i>	<i>AGLA-127301366</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American General Life and Accident Insurance Company</i>	<i>State Tracking Number:</i>	<i>49207</i>
<i>Company Tracking Number:</i>	<i>AGLA 11IUL, ETAL</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium Adjustable Life</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
<i>Product Name:</i>	<i>AGLA 11IUL, etal</i>		
<i>Project Name/Number:</i>	<i>AGLA 11IUL, etal/AGLA 11IUL</i>		

## Filing at a Glance

Company: American General Life and Accident Insurance Company

Product Name: AGLA 11IUL, etal	SERFF Tr Num: AGLA-127301366	State: Arkansas
TOI: L09I Individual Life - Flexible Premium Adjustable Life	SERFF Status: Closed-Approved-Closed	State Tr Num: 49207
Sub-TOI: L09I.001 Single Life	Co Tr Num: AGLA 11IUL, ETAL	State Status: Approved-Closed
Filing Type: Form	Author: Marilyn Ellis	Reviewer(s): Linda Bird
	Date Submitted: 07/01/2011	Disposition Date: 08/11/2011
		Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

## General Information

Project Name: AGLA 11IUL, etal	Status of Filing in Domicile: Pending
Project Number: AGLA 11IUL	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 08/11/2011
	State Status Changed: 08/11/2011
Deemer Date:	Created By: Marilyn Ellis
Submitted By: Marilyn Ellis	Corresponding Filing Tracking Number: AGLA 11IUL
Filing Description:	
AGLA 11IUL Flexible Premium Adjustable Life Insurance	Policy with Index-Linked Interest
AGLA 11IUL M Insert Page 20/21 for Males – Table of Guaranteed Amount at Risk	Monthly Cost Of Insurance Rates Per \$1,000 of Net
AGLA 11IUL F Insert Page 20/21 for Females – Table of Guaranteed Amount at Risk	Monthly Cost Of Insurance Rates Per \$1,000 of Net
AGLA PRIAR Participation Rate Index Interest Account Rider	

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Filing Company: American General Life and Accident Insurance Company State Tracking Number: 49207  
Company Tracking Number: AGLA 11IUL, ETAL  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: AGLA 11IUL, etal  
Project Name/Number: AGLA 11IUL, etal/AGLA 11IUL  
AGLA ICIIAR Index Cap Index Interest Account Rider  
AGLA1000-AR REV 0611 Application for Life Insurance (Paper App)  
AGLA1000-AR REV 0611 CR Conditional Receipt for Premium Deposit (Paper App)

The above policy, riders and application are being submitted for your review and approval. The policy and riders are new and do not replace any other forms. Application AGLA1000-AR REV 0611 will replace AGLA1000-AR (0510), previously approved on 8/24/10 under SERFF Tracking Number# AGLA-126780757.

AGLA 11IUL will be marketed with an illustration. The policy is sex-distinct and the Company confirms it will not be issued in any employer-employee plans that are subject to the Norris decision and/or Title VII of the Civil Rights Act of 1964.

AGLA 11IUL is an individual, nonparticipating flexible premium adjustable life insurance policy with index-linked interest. The policy allows the owner to specify how interest will be credited to the Accumulation Value of the policy by providing the owner the option to allocate net premiums, loan repayments, and all or a portion of the Accumulation Value not offset by a loan balance, among one or more of the following accounts: (a) Declared Interest Account and (b) the two Index Interest Accounts, the Index Cap Account and the Participation Rate Account, which will be added to the policy in the form of riders. The Declared Interest Account is credited monthly and the interest rate will never be lower than the Guaranteed Interest Rate shown on the Policy Schedule. The policy has two types of Index Interest Accounts, as stated above, which allow for Index Interest to be credited to the Accumulation Value of the policy. The Index Interest is linked, in part, to the one year point-to-point performance of the Index shown on the Policy Schedule. The policy requires each Index Interest Account to be established on a specified day of a given month. This day, referred to as the Allocation Day, is shown on the Policy Schedule.

In addition, the death benefit amount of the policy will depend on the option chosen by the Owner. Under Option A, the death benefit amount will be the greater of: (a) the Specified Amount on the date of death; or (b) the Accumulation Value on the date of death multiplied by the applicable Death Benefit Factor. Under Option B, the death benefit amount will be the greater of: (a) the Specified Amount plus the Accumulation Value on the date of death; or (b) the Accumulation Value on the date of death multiplied by the applicable Death Benefit Factor shown in the policy.

Policy premiums are flexible. As long as there is sufficient Cash Value in the policy to cover the monthly deductions, the policy will remain in force. The policy contains a Minimum Monthly Premium provision. Such provision states that the policy will remain in force during the Minimum Monthly Premium Period if two conditions are met. These conditions are: (a) the Accumulation Value less any Loan Balance is greater than or equal to the sum of the Monthly Deduction and any loan interest due; and (b) the sum of the premium paid to date equals or exceeds the sum of the Minimum Monthly

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Product Name: AGLA 11IUL, etal  
Project Name/Number: AGLA 11IUL, etal/AGLA 11IUL

Premium from the Date of Issue, including the current month plus any Partial Surrenders and Surrender Charge thereon, and any increase in the loan amount since the Date of Issue.

There will be a Monthly Expense Charge associated with the Initial Specified Amount and each increase in Specified Amount of the policy. The initial Monthly Expense Charge rates applicable to the Initial Specified Amount are shown in the Policy Schedule. These rates may be adjusted, but will never be greater than the guaranteed Monthly Expense Charge rates applicable to the Initial Specified Amount shown in the Policy Schedule.

A Monthly Administrative Fee will be deducted from the Accumulation Value of the policy. The amount of the monthly fee may be adjusted, but will never be greater than the guaranteed Monthly Administration Fee shown on the Policy Schedule. The policy provides a 61-day grace period.

AGLA 11IUL M and AGLA 11IUL F are insert pages containing "The Table of Guaranteed Monthly Cost of Insurance Rates Per \$1,000 of Net Amount at Risk." Insert page AGLA 11IUL M will be used with issues for male insureds and insert page AGLA 11IUL F will be used with issues for female insureds.

Additional Policy Schedules for policy AGLA 11IUL showing sample ratings are enclosed.

A Statement of Variability is also enclosed for the policy. In addition, a sample annual statement, policy summary and illustration are enclosed for informational purposes.

AGLA PRIAR is a rider that can be added at issue to the referenced policy and allows for the addition of Index Interest Accounts in the form of Participation Rate Accounts. Index Interest, if any, will be credited at the end of each Duration Period as shown on the Policy Schedule. Index Interest will vary among the various Participation Rate Accounts and will depend on the Participation Rates and changes in the Index, as to each Participation Rate Account, and may be zero. Index Cap Accounts are credited with guaranteed interest monthly during the Duration Period. Index Interest is credited in addition to guaranteed interest and is credited at the end of the Duration Period. The Guaranteed Interest Rate for the Participation Rate Index Interest Account Rider is shown on the Policy Schedule.

AGLA ICIIAR is a rider that can be added at issue to the referenced policy and allows for the addition of Index Interest Accounts in the form of Index Cap Accounts. Index Interest, if any, will be credited at the end of each Duration Period as shown on the Policy Schedule. Index Interest will vary among the various Index Cap Accounts and will depend on the Index Caps, and changes in the Index, as to each Index Cap Account, and may be zero. Index Cap Accounts are credited with guaranteed interest monthly during the Duration Period. Index Interest is credited in addition to guaranteed interest and is credited at the end of the Duration Period. The Guaranteed Interest Rate for the Participation Rate Index Interest Account Rider is shown on the Policy Schedule.

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 Adjustable Life  
 Product Name: AGLA 11IUL, etal  
 Project Name/Number: AGLA 11IUL, etal/AGLA 11IUL

AGLA1000-AR REV 0611 is a paper application for individual, nonparticipating life insurance including whole life, term life, universal life policies and universal life policies with index-linked interest. AGLA1000-AR REV 0611 CR is the Conditional Receipt for Premium Deposit included on the application. Application AGLA1000-AR REV 0611 will replace AGLA1000-AR (0510) and the changes are: 1) the addition of the Indexed UL rider accounts; and 2) the form numbers have been revised and the font size changed to 10 point. A Statement of Variability for AGLA1000-AR REV 0611 is enclosed under Supporting Documents.

Unless otherwise informed, we reserve the right to change the layout of the enclosed forms, including sequential ordering of the provisions, and type font, size and color.

## Company and Contact

### Filing Contact Information

Kathryn Mitchell, Kathryn.Mitchell@aglife.com  
 American General Center 615-749-1139 [Phone]  
 Nashville, TN 37250-0001

### Filing Company Information

American General Life and Accident Insurance CoCode: 66672 State of Domicile: Tennessee  
 Company  
 American General Center Group Code: Company Type: L&H  
 Nashville, TN 37250-0001 Group Name: State ID Number:  
 (615) 749-1139 ext. [Phone] FEIN Number: 62-0306330  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: 1 filing x \$50 = \$50.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American General Life and Accident Insurance	\$50.00	07/01/2011	49320188

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TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	AGLA 11IUL, etal		
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Company			
American General Life and Accident Insurance Company	\$200.00	07/05/2011	49416284

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Company  
Company Tracking Number: AGLA 111UL, ETAL  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: AGLA 111UL, etal  
Project Name/Number: AGLA 111UL, etal/AGLA 111UL

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/11/2011	08/11/2011

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	07/06/2011	07/06/2011	Debra French	08/08/2011	08/10/2011
Pending Industry Response	Linda Bird	07/05/2011	07/05/2011	Marilyn Ellis	07/05/2011	07/05/2011

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Please extend response date	Note To Filer	Linda Bird	08/02/2011	08/02/2011
Please Extend Response Date	Note To Reviewer	Marilyn Ellis	08/01/2011	08/01/2011

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<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium Adjustable Life</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
<i>Product Name:</i>	<i>AGLA 11IUL, etal</i>		
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## Disposition

Disposition Date: 08/11/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AGLA-127301366 State: Arkansas

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TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life Adjustable Life

Product Name: AGLA 11IUL, etal

Project Name/Number: AGLA 11IUL, etal/AGLA 11IUL

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Sample Annual Statement		No
Supporting Document	Sample Statement of Policy Cost and Benefit Information		No
Supporting Document	Sample Policy Schedules showing Table Ratings		No
Supporting Document	Statements of Variability		No
Supporting Document	Certifications Required for External-Indexed Contract Guidelines		No
Form (revised)	Flexible Premium Adjustable Life Insurance Policy with Index-Linked Interest		No
Form	Flexible Premium Adjustable Life Insurance Policy with Index-Linked Interest	Replaced	No
Form	Insert Page 20/21 for Males - Table of Guaranteed Monthly Cost of Insurance Rates Per \$1.000 of Net Amount At Risk		No
Form	Insert Page 20/21 for Females - Table of Guaranteed Monthly Cost of Insurance Rates Per \$1.000 of Net Amount At Risk		No
Form	Participation Rate Index Interest Account Rider		No
Form	Index Cap Index Interest Account Rider		No
Form	Application for Life Insurance		No
Form	Conditional Receipt for Premium Deposit		No



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Product Name: AGLA 11IUL, etal  
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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 07/06/2011  
Submitted Date 07/06/2011  
Respond By Date 08/08/2011

Dear Kathryn Mitchell,

This will acknowledge receipt of the captioned filing.

### Objection 1

Comment: Please refer to policy General Provisions under the Suicide Exclusion. After the incontestable period expiration you may not restart upon reinstatement. Review Ark. Code Ann. 23-81-115(a)(2)(E).

External Indexed contracts are subject to the External Indexed Guidelines. Please furnish certification that this filing is in compliance with these guidelines and certifications required by these guidelines.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Product Name: AGLA 111UL, etal  
Project Name/Number: AGLA 111UL, etal/AGLA 111UL

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 08/08/2011  
Submitted Date 08/10/2011

Dear Linda Bird,

### Comments:

Thank you for your review and comments on this filing.

### Response 1

Comments: The last paragraph of the SUICIDE EXCLUSION provision on Page 16 which referenced reinstatement has been deleted for compliance with Ark. Code Ann. 23-81-115(a)(2)(E).

The External-Indexed Guidelines required certifications are attached under supporting documents.

### Related Objection 1

Comment:

Please refer to policy General Provisions under the Suicide Exclusion. After the incontestable period expiration you may not restart upon reinstatement. Review Ark. Code Ann. 23-81-115(a)(2)(E).

External Indexed contracts are subject to the External Indexed Guidelines. Please furnish certification that this filing is in compliance with these guidelines and certifications required by these guidelines.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Certifications Required for External-Indexed Contract Guidelines

Comment:

#### Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Flexible Premium	AGLA		Policy/Contract/Fraternal	Initial		50.200	AGLA

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 Adjustable Life

Product Name: AGLA 11IUL, etal

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Adjustable Life	11IUL	Certificate	11IUL
Insurance Policy with			(AR).pdf
Index-Linked Interest			

**Previous Version**

Flexible Premium	AGLA	Policy/Contract/Fraternal Initial	50.200	AGLA
Adjustable Life	11IUL	Certificate		11IUL
Insurance Policy with				(AR).pdf
Index-Linked Interest				

No Rate/Rule Schedule items changed.

Sincerely,  
 Debra French, FLMI, AIRC, ARA, ACS  
 Analyst Product Contract Sr.  
 Actuarial Department  
 (615) 749-1687 or Toll-free at 1-800-888-2452, Option 3, Ext. 1687

Sincerely,  
 Marilyn Ellis

# Objection Letter

Dear Kathryn Mitchell,

This will acknowledge receipt of the captioned filing.

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$200.00 is received.

Sincerely,  
Linda Bird

SERFF Tracking Number: AGLA-127301366 State: Arkansas  
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## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 07/05/2011  
Submitted Date 07/05/2011

Dear Linda Bird,

### Comments:

Thank you for your initial review and comment.

### Response 1

Comments: I have submitted an additional \$200.00 via EFT as requested.

### Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$200.00 is received.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

If I may be of further assistance, please let me know.

Sincerely,  
Marilyn Ellis

SERFF Tracking Number:	AGLA-127301366	State:	Arkansas
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TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.00I Single Life
Product Name:	AGLA 111UL, etal		
Project Name/Number:	AGLA 111UL, etal/AGLA 111UL		

## Note To Filer

**Created By:**

Linda Bird on 08/02/2011 12:51 PM

**Last Edited By:**

Linda Bird

## Submitted On:

08/02/2011 12:51 PM

**Subject:**

Please extend response date

**Comments:**

Response date on Objection Letter of 7/6/11 has been extended to 9/8/11.

SERFF Tracking Number:	AGLA-127301366	State:	Arkansas
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TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.00I Single Life
Product Name:	AGLA 111UL, etal		
Project Name/Number:	AGLA 111UL, etal/AGLA 111UL		

### Note To Reviewer

**Created By:**

Marilyn Ellis on 08/01/2011 03:15 PM

**Last Edited By:**

Marilyn Ellis

## Submitted On:

08/01/2011 03:19 PM

**Subject:**

Please Extend Response Date

**Comments:**

Per our phone conversation, we would appreciate an extension of the response date of your objection letter of 7/6/11 until 9/7/11.

Thank you,  
Marilyn Ellis

SERFF Tracking Number: AGLA-127301366 State: Arkansas

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TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life

Adjustable Life

Product Name: AGLA 11IUL, etal

Project Name/Number: AGLA 11IUL, etal/AGLA 11IUL

## Form Schedule

### Lead Form Number: AGLA 11IUL

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AGLA 11IUL	Policy/Cont	Flexible Premium ract/Fratern Adjustable Life al Insurance Policy with Certificate Index-Linked Interest	Initial		50.200	AGLA 11IUL (AR).pdf
	AGLA 11IUL M	Policy/Cont	Insert Page 20/21 for Initial ract/Fratern Males - Table of al Guaranteed Monthly Certificate: Cost of Insurance Amendmen Rates Per \$1.000 of t, Insert Net Amount At Risk Page, Endorseme nt or Rider			51.800	AGLA 11IUL M.pdf
	AGLA 11IUL F	Policy/Cont	Insert Page 20/21 for Initial ract/Fratern Females - Table of al Guaranteed Monthly Certificate: Cost of Insurance Amendmen Rates Per \$1.000 of t, Insert Net Amount At Risk Page, Endorseme nt or Rider			51.800	AGLA 11IUL F.pdf
	AGLA PRIIAR	Policy/Cont	Participation Rate ract/Fratern Index Interest al Account Rider Certificate: Amendmen t, Insert Page,	Initial		50.400	AGLA PRIIAR.pdf



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Adjustable Life

Product Name: AGLA 111UL, etal

Project Name/Number: AGLA 111UL, etal/AGLA 111UL

Endorsement or Rider				
AGLA	Policy/Cont Index Cap Index	Initial	53.100	AGLA
ICIIAR	tract/Fratern Interest Account			ICIIAR.pdf
al Rider				
Certificate:				
Amendment, Insert				
Page,				
Endorsement or Rider				
AGLA1000	Application/ Application for Life	Initial	50.000	1000-AR
REV 0611	Enrollment Insurance			JD.pdf
Form				
AGLA1000	Application/ Conditional Receipt	Initial	0.000	1000-AR
REV 0611	Enrollment for Premium Deposit			CR.pdf
CR	Form			

# American General Life and Accident Insurance Company

American General Center • Nashville, Tennessee 37250-0001  
(A STOCK COMPANY)

**The values in this Policy may be affected by an external index; however, this Policy does not directly participate in any stock or equity investment.**

This Policy is a legal contract between You, the Owner, and Us, American General Life and Accident Insurance Company. As with any other contract, You should **READ THIS POLICY CAREFULLY**.

**We, Us, Our** and **Company** refer to American General Life and Accident Insurance Company. **You** and **Your** refer to the Owner of this Policy.

## POLICY DATA

<b>Insured</b> - [John Doe]	<b>Policy Number</b> - [123456789]
<b>Age</b> - [35]	<b>Date of Issue</b> - [June 12, 2011]
<b>Gender</b> - [Male]	<b>Initial Specified Amount</b> - [\$100,000]
<b>Beneficiary</b> - See Application	<b>Death Benefit Option</b> - [A]

**TWENTY DAYS TO EXAMINE CONTRACT.** If You are not satisfied with this Policy for any reason, You may return the Policy to Us or to Our authorized agent within 20 days after You receive it. If You do so, We will cancel this Policy and refund the premium that was paid.

Signed for American General Life and Accident Insurance Company at Nashville, Tennessee.



[SECRETARY]



[PRESIDENT]

**FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY WITH INDEX-LINKED INTEREST  
DEATH BENEFIT PROCEEDS PAYABLE AT DEATH OF INSURED BEFORE THE MATURITY DATE  
FLEXIBLE PREMIUMS PAYABLE TO THE MATURITY DATE  
NONPARTICIPATING**

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Accounts	Page 6	Insurance Rates Per \$1,000 Of Net	
Death Benefit And Death Benefit Options	Page 7	Amount At Risk	Page 20
Changing Your Insurance Policy	Page 8		

Any additional benefit riders, any endorsements, a copy of the application, and any supplemental applications are included after Page 21.

## POLICY PROVISIONS IN ALPHABETICAL ORDER

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## TABLES IN ALPHABETICAL ORDER

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# POLICY SCHEDULE

## Schedule of Benefits

<b>BASIC POLICY</b>	<b>Years Payable</b>	<b>Monthly Cost of Insurance</b>
Flexible Premium Adjustable Life Insurance With Index-Linked Interest	[86]	See Page 20
<b>ADDITIONAL BENEFITS provided by Riders</b>		
[Participation Rate Index Interest Account Rider] Effective Date – [June 12, 2011]	--	\$0
[Index Cap Index Interest Account Rider] Effective Date – [June 12, 2011]	--	\$0

## Schedule of Premiums & Expense Charges

<b>Premium Class</b>	-	[Standard – Non-Tobacco]
<b>Initial Premium</b>	-	[\$807.96]
<b>Planned Periodic Premium</b>	-	[\$807.96]
<b>Due Date (for Planned Periodic Premium)</b>	-	[12 <sup>th</sup> Day of Each June]
<b>Deduction Day</b>	-	[12 <sup>th</sup> ] Day of Each Month
<b>Allocation Day</b>	-	[12 <sup>th</sup> Day of Each Month]
<b>Minimum Monthly Premium</b>	-	[\$67.33]
<b>Minimum Monthly Premium Period</b>	-	[14] Years
<b>Premium Expense Charge Percentage</b>	-	<b>Guaranteed</b> 7.50% <b>Initial</b> [7.50%]
<b>Monthly Administration Fee</b>	-	\$7.70 [7.70]
<b>Monthly Expense Charge Rate</b>		
<b>Per \$1,000 of Initial Specified Amount</b>		
<b>Years [1 – 10]</b>	-	[\$0.26] [\$0.26]
<b>Years [11 and Later]</b>	-	\$0.00 \$0.00

## Increases and Decreases in Specified Amount

<b>Minimum Specified Amount</b>	-	[\$50,000]
<b>Minimum Increase Amount</b>	-	\$10,000

## POLICY SCHEDULE

(Continued)

<b>Surrenders</b>
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**Partial Surrender Charge** - \$25  
**Surrender Charge Period** - [14] Years

<b>Table of Surrender Charges per \$1,000 of Initial Specified Amount</b>
---

Year of Surrender	Surrender Charge per \$1,000	Year of Surrender	Surrender Charge per \$1,000
[1	[\$21.36]	[ 9	[\$19.16]
2	[ 21.11]	10	[ 18.86]
3	[ 20.85]	11	[ 15.09]
4	[ 20.59]	12	[ 11.32]
5	[ 20.31]	13	[ 7.54]
6	[ 20.04]	14	[ 3.77]
7	[ 19.75]	15+]	[ 0.00]
8	[ 19.46]		

The above charges apply to each \$1,000 of the Initial Specified Amount surrendered during the Surrender Charge Period. The charge for Surrender of all or any portion of the Initial Specified Amount will be equal to the rate shown above multiplied by the number of thousands of the Initial Specified Amount being surrendered. Additional Surrender Charges related to an increase in Specified Amount will begin from the effective date of the increase. These additional Surrender Charges will be provided in an endorsement to this Policy. There will be a charge not to exceed the Partial Surrender Charge shown in the Surrenders section above for each Partial Surrender.

## POLICY SCHEDULE

(Continued)

<b>Mortality Table</b>
------------------------

2001 Commissioners Standard Ordinary Male or Female, Smoker or Nonsmoker Mortality Table

<b>Guaranteed Interest Rates</b>
----------------------------------

	<b>Annual Effective</b>	<b>Monthly</b>
Declared Interest Account	3.0%	.24663%
Interim Account	3.0%	.24663%

<b>Index Interest Account(s)</b>
----------------------------------

**[Participation Rate Index Interest Account Rider]**

Guaranteed Interest Rate	[0.25%]
Eligible Value Factor	[.0025]
Initial Participation Rate	[50%]
Minimum Participation Rate	[15%]
Index	[S&P 500®]*
Maximum Partial Surrender Percentage	[20%]
Duration Period	[1 year]

**[Index Cap Index Interest Account Rider]**

Guaranteed Interest Rate	[0.25%]
Eligible Value Factor	[.0025]
Initial Index Cap	[10%]
Minimum Index Cap	[0%]
Index	[S&P 500®]*
Maximum Partial Surrender Percentage	[20%]
Duration Period	[1 year]

Index-linked returns do not include the portion of returns generated by the underlying index that come from dividends.

The elements used in determining the Index Interest credited to each Index Interest Account are not guaranteed and can be changed by the Company, subject to the guarantees under the Policy. Any such changes can affect the actual amount of Index Interest credited to each Index Interest Account.

[\* S&P 500® is an index consisting of the stock prices of 500 publicly traded companies.]

## **POLICY SCHEDULE**

(Continued)

### **Initial Premium Allocation Percentages**

**Declared Interest Account** - [50%]  
**[Participation Rate Account** - [25%]]  
**[Index Cap Account** - [25%]]

### **Allocation Restriction Period**

**Allocation Restriction Period** - [3 Years]

### **Loans**

**Annual Policy Loan Interest Rate** - 8.00%

**Preferred Loan Start Date** - [10<sup>th</sup> Policy Anniversary]  
**Annual Preferred Loan Interest Rate** - [3.00%]

### **Maturity Date**

[June 12, 2097]

Coverage may expire prior to the Maturity Date shown where either no additional premiums are paid following payment of the Initial Premium or subsequent premiums are insufficient to continue coverage to maturity. The duration of coverage will depend on the amount, timing and frequency of premium payments, the interest rate credited, cost of insurance charges, any loans or withdrawals, acceptance of benefits under an accelerated death benefit rider attached to this Policy, policy changes that include policy increases, decreases or death benefit option changes. If coverage continues to maturity, there is the possibility there may be little or no Cash Surrender Value to be paid on that date.

## DEFINITIONS

**Age** means age on the Insured's last birthday as shown in the Policy Data on Page 1.

**Attained Age** means the Insured's Age plus the number of full years from the Date of Issue.

**Home Office** means Our main office located at the American General Center in Nashville, Tennessee 37250-0001, or such other location that We may elect.

**Loan Balance** means the sum of any unpaid Policy Loans and accrued Loan Interest.

**Net Amount At Risk** means the excess of the Death Benefit Amount over the Accumulation Value of this Policy.

**Net Premium** means the premium paid, minus the Premium Expense Charge.

**Planned Periodic Premium** means the amount and frequency of premium payments You selected.

**Policy Anniversary** means the date exactly one year subsequent to the Date of Issue of the Policy and the same date in each subsequent year.

**Preferred Loan** means a policy loan that is made at a net cost to You that is less than the net cost of other policy loans.

**Specified Amount** means the amount of insurance in effect on a specified date.

**Unscheduled Additional Premiums** means a deposit of an amount in excess of the Planned Periodic Premiums.

## THE OWNER AND THE BENEFICIARY

### OWNER

The Insured is the Owner of this Policy unless otherwise stated in the application, or later changed. A minor Insured who is not the Owner will automatically become the Owner on his or her 18<sup>th</sup> birthday or upon the death of the Owner, whichever occurs earlier. You may have this Policy endorsed so that this change of ownership will occur at a different time. You must request this endorsement before the Insured's 18<sup>th</sup> birthday.

As Owner, You may exercise all rights in this Policy while the Insured is living. If You are without legal capacity, We will allow Your rights to be exercised by:

- (a) the legally appointed guardian responsible for Your property; or
- (b) a person whom We determine is responsible for Your welfare and support.

To exercise Your rights, You should follow the procedures stated in this Policy. All elections, designations, changes and requests must be made in writing and in a form acceptable to Us.

If You want to request a payment, change a Beneficiary, change an address or request any other action by Us, You should do so on the forms prepared for each purpose. You may get these forms, and advice regarding any questions You might have, from one of Our authorized agents or directly from Our Home Office.

### BENEFICIARY

The Beneficiaries for this Policy are as stated in the application, unless later changed. Each Beneficiary is classified as a First or Second Beneficiary. All surviving Beneficiaries of the same class will share equally in any payments to that class, unless otherwise stated.

We will pay the Death Benefit Proceeds under this Policy to any First Beneficiaries surviving the Insured. If no First Beneficiaries survive the Insured, We will pay any Second Beneficiaries surviving the Insured. If no stated Beneficiary is living when the Insured dies, We will pay:

- (a) the executor or administrator of the Insured's estate; or
- (b) the spouse, child or parent of the Insured whom We determine is entitled to payment.

If any Beneficiary is without legal capacity, We can pay his or her share of the Proceeds to any person whom We determine is responsible for his or her welfare and support. Such payment will discharge Our liability for that payment.

### COMMON DISASTER

If We cannot determine whether a Beneficiary or the Insured died first in a common disaster, We will assume that the Beneficiary died first. Proceeds will be paid on this basis unless an endorsement to this Policy provides otherwise.



## THE OWNER AND THE BENEFICIARY

(Continued)

### PROCEEDS

Proceeds mean the amount payable:

- (a) on the Maturity Date; or
- (b) on exercise of the Full Surrender benefit; or
- (c) on the Insured's death as Death Benefit Proceeds.

The Proceeds on the Maturity Date will be the Cash Surrender Value. The Proceeds on the Insured's death will be the Death Benefit Amount less any outstanding Loan Balance.

All Proceeds and Partial Surrender benefits are subject to the provisions of the Settlement Options section and the other provisions of this Policy.

### CHANGE OF OWNER OR BENEFICIARY

You may change the Owner or the Beneficiary at any time during the lifetime of the Insured unless the previous designation provides otherwise. We can require that any change be endorsed on Your Policy.

Any change will be effective as of the date the change request was signed, except that it will not apply to any payment We make or any action We take before We record the request in Our Home Office.

## PREMIUM PAYMENTS

Premium payments are flexible. This means You may choose the amount and frequency of payments, subject to the limitations below.

The actual amount and frequency of premium payments will affect the Cash Values and the amount and duration of insurance. (See the Policy Values section for a detailed explanation.)

### PLANNED PERIODIC PREMIUMS

The amount and Due Date of the Planned Periodic Premiums You selected are shown on the Policy Schedule. The Initial Premium is due on the Date of Issue. Subsequent Planned Periodic Premiums are due on each Due Date. You may request a change in the amount and frequency. We may limit the amount of any increase. (See the Maximum Premium provision.)

### UNSCHEDULED ADDITIONAL PREMIUMS

You may pay Unscheduled Additional Premiums at any time before the Maturity Date shown on the Policy Schedule. We may limit the number and amount of Unscheduled Additional Premiums. (See the Maximum Premium and Maximum Net Amount At Risk provisions.)

### MAXIMUM PREMIUM

The Maximum Premium payment under this Policy will not be less than the greater of:

- (a) the amount that will continue to qualify this Policy as life insurance; or
- (b) the amount necessary to keep the Policy in force.

We reserve the right to refund the excess of any premium payment made over the Maximum Premium amount that would cause this Policy to fail to qualify as life insurance under Section 7702 of the Internal Revenue Code, unless the premium is necessary to continue coverage under this Policy.

### MAXIMUM NET AMOUNT AT RISK

We reserve the right to refund any premium that may cause an immediate increase in the Net Amount at Risk. We may automatically process a Partial Surrender or reduce the Death Benefit Amount, both of which may have federal tax consequences, if the Net Amount at Risk exceeds Our limitations. (We determine the Net Amount at Risk as shown in the provision entitled "How We Calculate The Cost Of Insurance For The Basic Policy.")

### WHERE TO PAY

You may make Your payments to Us at Our Home Office or to an authorized agent. A receipt signed by an officer of the Company will be furnished upon request.

### PREMIUM EXPENSE CHARGE

The Premium Expense Charge is calculated by multiplying the premium paid by the Premium Expense Charge Percentage. The initial Premium Expense Charge Percentage is shown on the Policy Schedule. The Premium Expense Charge Percentage may be adjusted, but will never be more than the guaranteed Premium Expense Charge Percentage shown on the Policy Schedule.

## ACCOUNTS

### ALLOCATION

There are three types of accounts that may be available under this Policy that provide a way to credit interest to the Accumulation Value. Such accounts are: the Declared Interest Account, the Index Interest Account(s) and the Interim Account.

The initial premium allocation percentages for the Declared Interest Account and the Index Interest Account(s) are shown on the Policy Schedule. The allocation may be 100% to the Index Interest Account(s) or the Declared Interest Account, or may be divided among the accounts in whole percentage points with the sum of the percentages totaling 100%.

We must receive your request in writing to change Your allocation instructions. Your requested change will not become effective until the Allocation Day next following the immediately upcoming Allocation Day.

### ALLOCATION RESTRICTIONS

If any portion of a Policy Loan is deducted from an Index Interest Account prior to the end of such account's Duration Period, We will establish an Allocation Restriction Period for the length of time shown on the Policy Schedule. Net Premiums and loan repayments will be allocated to the Declared Interest Account during the Allocation Restriction Period and may not be allocated otherwise. At the end of the Allocation Restriction Period, the allocation of Net Premiums and loan repayments, assuming no new Policy Loans have been taken, will be made according to the premium allocation percentages then in effect. If any portion of a new Policy Loan is deducted from an Index Interest Account prior to the end of such account's Duration Period, a new Allocation Restriction Period will begin on the date such new Policy Loan is taken.

### PREMIUM ACCOUNTS

Net Premiums and loan repayments that are not designated to receive Index Interest will be placed in the Declared Interest Account. Net Premiums and loan repayments that are designated to receive Index Interest will be allocated to the Index Interest Account(s) on the Allocation Day shown on the Policy Schedule, subject to the restrictions stated in the Allocation Restrictions provision. Net Premiums and loan repayments that are designated to receive Index Interest and are received on

any day other than an Allocation Day will be placed in the Interim Account and may receive excess interest until the next Allocation Day, subject to the restrictions stated in the Allocation Restrictions provision. On the next Allocation Day, such Net Premiums and loan repayments will be transferred from the Interim Account to the applicable Index Interest Account(s).

The Declared Interest Account and the Interim Account will receive interest as described in the "INTEREST RATE" provision. Index Interest Account(s) will be made a part of this Policy by riders. Each such rider will describe how Index Interest is to be calculated and applied to an account.

The Duration Period for the Index Interest Account(s) is shown on the Policy Schedule. At the end of such Duration Period, You may renew each Index Interest Account(s) for another Duration Period or You may transfer all or a portion of the funds in such Index Interest Account to a Declared Interest Account or another Index Interest Account. You may request a change by notifying Us in writing at least 30 days prior to the end of the Duration Period. If you do not request a change, Your Index Interest Account(s) will automatically be renewed for an additional Duration Period.

On each Allocation Day, the following will be placed in the appropriate Index Interest Account(s), subject to the Allocation Restrictions provision:

- (a) Net Premiums and loan repayments received on such Allocation Day that are designated to receive Index Interest; and
- (b) the Accumulation Value in the Interim Account; and
- (c) the Renewal Allocation Amount as described in each rider.

Subject to the Allocation Restrictions provision, You may allocate all or a portion of the Accumulation Value receiving Declared Interest to Your Index Interest Account(s). Such value will be placed in the Interim Account until the next Allocation Day when new Index Interest Account(s) will be established.

## DEATH BENEFIT AND DEATH BENEFIT OPTIONS

### DEATH BENEFIT PROCEEDS

If the Insured dies prior to the Maturity Date and while this Policy is in force, We will pay the Death Benefit Proceeds to the Beneficiary after We receive due proof (certified copy of the death certificate, or other lawful evidence providing equivalent information) and proper written claim showing proof of the claimant's interest in the Proceeds. The Death Benefit Proceeds will be subject to:

- (a) the Death Benefit Option in effect on the date of death; and
- (b) any increases or decreases made to the Specified Amount. The Initial Specified Amount is shown in the Policy Data on Page 1.

Guidelines for changing the Death Benefit Option or the Specified Amount can be found in the section entitled "Changing Your Insurance Policy."

Any premium received after the date of death will be refunded and will not be included in the Accumulation Value for purposes of calculating the Death Benefit Proceeds.

The Death Benefit Proceeds will be equal to:

- (a) the Death Benefit Amount of the Policy, after adjusting for any premium received after the date of the Insured's death; less
- (b) any premium amount due if the Insured's death occurs during the Grace Period; less
- (c) any Loan Balance; plus
- (d) the amount payable under any riders attached to this Policy; plus
- (e) any interest as determined below.

We will pay the Death Benefit Proceeds which become payable under this Policy upon the Insured's death as soon as reasonably possible. We will credit interest at an annual rate of 8 percent on the Death Benefit Proceeds after 30 days from the date when proof of death is received in Our Home office until payment is made.

### Death Benefit Option

The Death Benefit Option that You have chosen is shown in the Policy Data on Page 1 as either Option A or Option B.

#### Option A

If You have chosen Option A, the Death Benefit Amount will be the greater of:

- (a) the Specified Amount on the date of death; or
- (b) the Accumulation Value on the date of death multiplied by the applicable Death Benefit Factor.

#### Option B

If You have chosen Option B, the Death Benefit Amount will be the greater of:

- (a) the Specified Amount plus the Accumulation Value on the date of death; or
- (b) the Accumulation Value on the date of death multiplied by the applicable Death Benefit Factor.

### DEATH BENEFIT FACTOR

The Death Benefit Factor will be based on the Insured's Attained Age on each Policy Anniversary as shown in the following table.

Table of Death Benefit Factors					
Attained		Attained		Attained	
Age	Factor	Age	Factor	Age	Factor
0-40	2.50	54	1.57	68	1.17
41	2.43	55	1.50	69	1.16
42	2.36	56	1.46	70	1.15
43	2.29	57	1.42	71	1.13
44	2.22	58	1.38	72	1.11
45	2.15	59	1.34	73	1.09
46	2.09	60	1.30	74	1.07
47	2.03	61	1.28	75-90	1.05
48	1.97	62	1.26	91	1.04
49	1.91	63	1.24	92	1.03
50	1.85	64	1.22	93	1.02
51	1.78	65	1.20	94	1.01
52	1.71	66	1.19	95-120	1.00
53	1.64	67	1.18		

## CHANGING YOUR INSURANCE POLICY

You may request a change in the Specified Amount and in Death Benefit Option to become effective any time after the first Policy Anniversary. Your request must be submitted to Our Home Office in writing.

### INCREASING THE SPECIFIED AMOUNT

Any increase in the Specified Amount cannot be less than the Minimum Increase Amount shown on the Policy Schedule. We will require a supplemental application and, except as provided in any Additional Insurance Option Rider, evidence of insurability satisfactory to Us for any increase in the Specified Amount. An increase will be effective on the monthly Deduction Day on or next following the date the application for increase is approved by Us.

### DECREASING THE SPECIFIED AMOUNT

Any decrease will go into effect on the monthly Deduction Day following the day We receive the request. The Death Benefit Amount remaining in effect after any decrease cannot be less than the greater of:

- (a) the Minimum Specified Amount shown on the Policy Schedule; or
- (b) any Death Benefit Amount required to qualify this Policy as life insurance under applicable tax laws.

Any such decrease will be applied in the following order:

- (a) against any Specified Amount provided by an increase, beginning with the most recent; and
- (b) against the Initial Specified Amount.

Any decrease in Specified Amount will be subject to applicable Surrender Charges on a pro rata basis, and any remaining Surrender Charge will be reduced on a pro rata basis.

### CHANGING THE DEATH BENEFIT OPTION

You may request a change in the Death Benefit Option You have chosen.

- (a) If You request a change from Option A to Option B: the new Specified Amount will be the Specified Amount, prior to change, less the Accumulation Value as of the effective date of the change, but not less than zero.
- (b) If You request a change from Option B to Option A: the new Specified Amount will be the Death Benefit Amount as of the effective date of the change.

We will not require evidence of insurability for a change in the Death Benefit Option. The change will go into effect on the monthly Deduction Day following the date We receive Your request for change.

### CHANGING THE TERMS OF YOUR POLICY

Any change in Your Policy must be approved by one of Our officers. No agent has the authority to make any changes or waive any of the terms of Your Policy.

## POLICY VALUES

### ACCUMULATION VALUE ON THE DATE OF ISSUE

The Accumulation Value on the Date of Issue will be:

- (a) the Net Premium received; less
- (b) the Monthly Deduction for the first Policy Month. (See the How We Calculate A Monthly Deduction provision.)

The first Deduction Day is the Date of Issue. The monthly Deduction Day is shown on the Policy Schedule.

### ACCUMULATION VALUE ON EACH MONTHLY DEDUCTION DAY

One each monthly Deduction Day after the Date of Issue, We will determine the Accumulation Value as follows:

- (a) We will take the Accumulation Value as of the last monthly Deduction Day; and
- (b) add all Net Premiums received since the last monthly Deduction Day; and

- (c) add the interest earned for the month (interest will be applied for the entire month on the excess of the Accumulation Value on the last monthly Deduction Day over any Partial Surrenders made since the last monthly Deduction Day); and
- (d) add Index Interest, if any; and
- (e) subtract any Partial Surrender made and any charges for Partial Surrenders since the last monthly Deduction Day; and
- (f) subtract any Surrender Charge assessed as a result of a decrease in Specified Amount effective on the monthly Deduction Day; and
- (g) subtract the Monthly Deduction for the Policy Month following the monthly Deduction Day. (See the How We Calculate A Monthly Deduction provision.)

## POLICY VALUES

(Continued)

### ACCUMULATION VALUE ON ANY DAY OTHER THAN A MONTHLY DEDUCTION DAY

The Accumulation Value on any day other than a monthly Deduction Day will be:

- (a) the Accumulation Value as of the last monthly Deduction Day; plus
- (b) all Net Premiums received since the last monthly Deduction Day; less
- (c) any Partial Surrenders paid and any charges for Partial Surrenders since the last monthly Deduction Day.

### CASH VALUE

The Cash Value of this Policy will be equal to the Accumulation Value less the Surrender Charge, if any.

### CASH SURRENDER VALUE

The Cash Surrender Value of this Policy will be equal to the Cash Value less any Loan Balance.

### MONTHLY DEDUCTIONS

Unless this Policy is being continued in force under the Minimum Monthly Premium provision, a Monthly Deduction from the Accumulation Value may be made only if the Cash Surrender Value is equal to or greater than the Monthly Deduction. Each Monthly Deduction deducted from the Accumulation Value will cause an equal reduction in the Cash Surrender Value. If the Cash Surrender Value on a monthly Deduction Day is not sufficient to meet the Monthly Deduction for the current month, this Policy will be subject to the Grace Period and Minimum Monthly Premium provisions.

### HOW WE CALCULATE A MONTHLY DEDUCTION

Each Monthly Deduction includes:

- (a) the cost of insurance provided by the basic Policy for the Initial Specified Amount and any subsequent increases; and
- (b) the cost of insurance for benefits provided by riders; and
- (c) the Monthly Administration Fee; and
- (d) the Monthly Expense Charge.

Monthly Deductions will be made from the accounts in the following order:

- (a) from the Interim Account until it is reduced to zero;
- (b) From the Declared Interest Account until it is reduced to zero;
- (c) From among the Index Interest Account(s), allocated proportionately.

### HOW WE CALCULATE THE COST OF INSURANCE FOR THE BASIC POLICY

We calculate the cost of insurance at the beginning of each Policy Month on the monthly Deduction Day. First, the Accumulation Value is calculated on the monthly Deduction Day, but before subtracting the Monthly Deduction for the Policy Month following the monthly Deduction Day. The cost of insurance is determined, first for the Initial Specified Amount, and then for each subsequent increase in Specified Amount, as follows:

- (a) Divide the Death Benefit Amount on the Deduction Day by 1.00 plus the monthly Guaranteed Interest Rate for the Declared Index Account as shown on the Policy Schedule; and
- (b) reduce the result in (a) by the amount of the Accumulation Value allocated to the Initial Specified Amount or subsequent increase in Specified Amount, as the case may be; and
- (c) multiply the result in step (b) by the cost of insurance rate per \$1,000 of Net Amount at Risk, as provided in the Cost Of Insurance Rate provision; and
- (d) divide the result in step (c) by 1,000.

If there have been increases in Specified Amount, steps (a) through (d) above will be applied first to the Initial Specified Amount and then to the increases in Specified Amount, in order by effective date of the increase. The Accumulation Value is allocated first to the Initial Specified Amount until that amount is exhausted, then to the first increase in Specified Amount until that amount is exhausted, and so on until the entire Accumulation Value has been allocated.

# POLICY VALUES

(Continued)

## **COST OF INSURANCE FOR BENEFITS PROVIDED BY RIDERS**

The cost of insurance for benefits provided by riders will be as stated on the Policy Schedule.

## **MONTHLY ADMINISTRATION FEE**

An administration fee will be deducted monthly. The initial Monthly Administration Fee is shown on the Policy Schedule. The amount of the monthly fee may be adjusted, but will never be greater than the guaranteed Monthly Administration Fee shown on the Policy Schedule.

## **MONTHLY EXPENSE CHARGE**

There will be a Monthly Expense Charge associated with the Initial Specified Amount and each increase in Specified Amount. The Monthly Expense Charge due on a monthly Deduction Day is equal to the sum of the Monthly Expense Charges associated with the Initial Specified Amount and all increases in Specified Amount.

The Monthly Expense Charge for the Initial Specified Amount is calculated as follows:

- (a) Multiply the Initial Specified Amount on the Date of Issue by the Monthly Expense Charge Rate per \$1,000 of Initial Specified Amount for the applicable year; and
- (b) divide the result by 1,000.

The initial Monthly Expense Charge rates applicable to the Initial Specified Amount are shown in the Policy Schedule. These rates may be adjusted, but will never be greater than the guaranteed Monthly Expense Charge rates applicable to the Initial Specified Amount as shown in the Policy Schedule.

The Monthly Expense Charge rates applicable to an increase in Specified Amount will be provided in an endorsement to this Policy. Any decrease in Specified Amount will not change any Monthly Expense Charge then in effect.

## **COST OF INSURANCE RATE**

The cost of insurance rate for the Initial Specified Amount, and for each Specified Amount increase, is based on the Insured's:

- (a) Gender; and
- (b) Age last birthday on the Date of Issue and on the effective date of each increase in Specified Amount; and
- (c) Age last birthday on each Policy Anniversary and on each anniversary date of each increase in Specified Amount; and

- (d) premium class shown on the Policy Schedule, associated with the Initial Specified Amount and each increase in the Specified Amount; and

- (e) total Specified Amount in force.

A table of guaranteed monthly cost of insurance rates is included in this Policy. We can use cost of insurance rates that are lower than the guaranteed rates. Any change in rates will apply to all similar policies in the same rate class as this Policy. The rate class of this Policy is determined on its Date of Issue according to:

- (a) the calendar year of issue and Policy Anniversary; and
- (b) the plan of insurance; and
- (c) the amount of insurance; and
- (d) the Age, Gender and premium class of the Insured.

## **CHANGES IN RATES, CHARGES AND FEES**

Any redetermination of the cost of insurance rates, interest rates, Premium Expense Charge, Monthly Administration Fee, or Monthly Expense Charge will be based on Our future expectations as to investment earnings, mortality, persistency, expenses, reinsurance costs, and state and federal taxes or other factors. We will not change these rates or charges in order to recoup any prior losses.

## **INTEREST RATE**

The Guaranteed Interest Rates used in calculating the Accumulation Value are shown on the Policy Schedule. Guaranteed interest is credited monthly to the Declared Interest Account and the Interim Account. We can use interest rates greater than the Guaranteed Interest Rates to calculate the values in the Declared Interest Account and the Interim Account. Any interest in addition to that provided by the Guaranteed Interest Rates will be credited monthly to the Declared Interest Account and the Interim Account.

Interest credited to the Accumulation Value in excess of the guaranteed rate becomes nonforfeitable except for surrender charges.

We can, at Our option, apply different rates of interest to that portion of the Accumulation Value which equals the amount of Loan Balance, but they cannot be less than the Guaranteed Interest Rates.

# POLICY VALUES

(Continued)

## GRACE PERIOD

The Grace Period is the 61-day period that follows a monthly Deduction Day or an Annual Policy Loan Interest due date if:

- (a) there is not enough Cash Surrender Value to pay the Monthly Deduction and any loan interest due; and
- (b) the requirements of the Minimum Monthly Premium provision have not been met.

There is no Grace Period for the initial Monthly Deduction.

If the amount required to keep Your Policy in force is not paid by the end of the Grace Period, this Policy will terminate without value. We will give You at least 31 days notice prior to termination that Your Policy is in the Grace Period and advise You of the amount of premium required to keep Your Policy in force. This 31-day prior notice will be sent to You at Your last address of record as shown in Our Home Office records, if any. If death occurs during the Grace Period, the amount due through the Policy Month in which death occurred will be deducted from the Proceeds.

## MINIMUM MONTHLY PREMIUM

The Minimum Monthly Premium for the Initial Specified Amount and any benefit riders in force on the Date of Issue is shown on the Policy Schedule. The Minimum Monthly Premium Period on the Date of Issue is also shown on the Policy Schedule. This Policy will not enter the Grace Period on a monthly Deduction Day during the Minimum Monthly Premium Period if, on such monthly Deduction Day the following conditions are met:

- (a) The Accumulation Value less any Loan Balance is greater than or equal to the sum of the Monthly Deduction and any loan interest due; and
- (b) The sum of premium paid to date equals or exceeds:

- (1) the sum of the Minimum Monthly Premiums from the Date of Issue, including the current month; plus
- (2) any Partial Surrenders and Surrender Charge thereon, and any increase in the loan amount since the Date of Issue.

During the Minimum Monthly Premium Period, the Minimum Monthly Premium will be recalculated if:

- (a) the Specified Amount is increased or decreased; or
- (b) a benefit rider is increased, decreased, added or removed; or
- (c) a change in Death Benefit Option occurs.

These changes will not affect the Minimum Monthly Premium Period then in effect, if any.

If a Policy is reinstated with no change in the Specified Amount, Death Benefit Option, Premium Class or benefit riders, if any, the Minimum Monthly Premium will be the same as it was when the Policy lapsed. Reinstatement will not extend or otherwise change the Minimum Monthly Premium Period that was in effect when the Policy lapsed.

## FULL SURRENDER

Subject to the Owner and the Beneficiary section, You may return Your Policy to Us and request its Cash Surrender Value at any time during the Insured's lifetime before the Maturity Date and while this Policy is in force. The Cash Surrender Value will be calculated as of the day We receive Your request. If surrender takes place within 31 days after a Policy anniversary, the Cash Surrender Value will not be less than it was on that anniversary. However, calculation of the Cash Surrender Value and paid-up nonforfeiture benefit will take into account any Partial Surrender, Policy Loan and/or Monthly Deduction taken within those 31 days.

# POLICY VALUES

(Continued)

## PARTIAL SURRENDER

At any time after the first policy year and prior to the Maturity Date, You may request withdrawal of a portion of the Cash Surrender Value of the Policy. The remaining Cash Surrender Value must be at least \$250. For Partial Surrenders to be processed on a Deduction Day, Your written request must be received by Us prior to the Maturity Date and at least ten days prior to such Deduction Day.

Partial Surrenders will be made from the accounts in the following order:

- (a) from the Interim Account until it is reduced to zero;
- (b) from the Declared Interest Account until it is reduced to zero;
- (c) from among the Index Interest Account(s), allocated proportionally.

Partial Surrenders from Index Interest Account(s) are limited to 100% of the ending value in each Index Interest Account that ends on the date the Partial Surrenders are made. If Partial Surrenders are not made on the date Index Interest Account(s) end, Partial Surrenders from Index Interest Account(s) are limited to the Maximum Partial Surrender Percentage shown on the Policy Schedule for each type of Index Interest Account.

A Partial Surrender will result in a reduction of the Cash Value, Accumulation Value and the Death Benefit Amount. The Cash Value and Accumulation Value will be reduced by the amount of the Partial Surrender. If Your Death Benefit Option is Option A, the Specified Amount will be reduced by the amount of the Partial Surrender. If Your Death Benefit Option is Option B, the Specified Amount will not be reduced by the amount of the Partial Surrender. The Specified Amount remaining after this reduction must not be less than the Minimum Specified Amount shown on the Policy Schedule.

There will be a charge not to exceed the Partial Surrender Charge shown on the Policy Schedule for each Partial Surrender in addition to any applicable Surrender Charges. Any Partial Surrender that causes a reduction in the Specified Amount will be treated as a decrease in the Specified Amount.

## SURRENDER CHARGE

The Surrender Charge applicable to the Initial Specified Amount is described in the Table of Surrender Charges per \$1,000 of Initial Specified Amount shown in the Policy Schedule. Such Surrender Charge will apply if the Initial Specified Amount is surrendered or reduced during the Surrender Charge Period. Additional Surrender Charges related to an increase in Specified Amount will begin from the effective date of the increase. These additional Surrender Charges will be provided in an endorsement to this Policy.

## PAYMENT OF CASH SURRENDER VALUE BENEFIT

We can defer payment of Cash Surrender Values for up to six months, or the period allowed by law, whichever is less. However, We cannot delay payment of a partial surrender if the amount is to be used to pay a premium to Us.

## PAID-UP WHOLE LIFE OPTION

At any time while the Insured is living, You may use all or part of this Policy's Cash Surrender Value to purchase paid-up whole life insurance. The effective date of this option shall be the monthly Deduction Day on or next following the date We receive Your written request. The maximum amount of paid-up whole life insurance that may be purchased is equal to:

- (a) the Death Benefit Amount of this Policy on the effective date of the change; less
- (b) the Cash Surrender Value of this Policy on the effective date of the change; plus
- (c) the amount applied as the single premium for this option.

The minimum amount of paid-up whole life insurance that may be purchased is \$1,000.

The amount applied as the single premium cannot be greater than the Cash Surrender Value on the effective date of the change. Any Cash Surrender Value in excess of the amount applied as the single premium shall be paid in a lump sum to You. The paid-up whole life option shall not include any additional benefits provided by riders attached to this Policy.

The single premium for the new Policy will be based on Our single premium rates then in effect. However, the single premium rates for the standard premium class will not be greater than the single premium rates calculated based on the Guaranteed Interest Rate and the Mortality Table shown in the Policy Schedule.



## POLICY LOANS

### POLICY LOAN

At any time while this Policy is in force, You may obtain a Policy Loan on this Policy if it has a Cash Value. This Policy is the only security for the Policy Loan and must be assigned to Us. The amount of the Policy Loan cannot be more than the Cash Value less the following amounts:

- (a) any existing Loan Balance; and
- (b) any loan interest to the next Policy Anniversary or next premium due date, whichever is earlier.

When a Policy Loan is made, the amount of the loan will be deducted on a pro-rata basis from each Index Interest Account, the Declared Interest Account and the Interim Account.

We can defer a Policy Loan for up to six months from the date We receive Your request, except for any Policy Loan made to pay premiums.

Any payment on this Policy will be automatically applied as a loan repayment if a loan is outstanding, unless specified as a premium payment.

### LOAN INTEREST

Interest on a Policy Loan accrues daily at the Annual Policy Loan Interest Rate shown on the Policy Schedule. Interest is due on each Policy Anniversary and when a

Policy Loan is repaid. If the interest is not paid when due, it will be added to the Policy Loan and will accrue additional interest at the same rate.

### LOAN BALANCE

We will deduct any Loan Balance from any amount payable under this Policy.

### REPAYMENT OF LOAN BALANCE

You may repay any part of the Loan Balance at any time while this Policy is in force. A Loan Balance that exists at the end of a Grace Period may not be repaid. (See the Reinstatement provision.) Failure to repay the Loan Balance will not terminate this Policy unless the Loan Balance exceeds the Cash Value.

Each loan repayment will be allocated in accordance with the premium allocation percentages in effect at the time the loan repayment is made, subject to the restriction stated in the Allocation Restrictions provision.

### PREFERRED LOANS

Starting on the Preferred Loan Start Date shown in the Policy Schedule, this Policy will be eligible for Preferred Loans.

Interest on a Preferred Loan accrues daily at the Annual Preferred Loan Interest Rate shown in the Policy Schedule.

## SETTLEMENT OPTIONS

Any amount payable under this Policy may be paid as a lump sum or applied under one or more of the following Settlement Options. The payee under any Settlement Option will be the person who would have received the amount applied if the Settlement Option had not been elected.

Any annuity benefits payable under a Settlement Option at their time of payment will not be less than the amount of a single premium immediate annuity that the cash surrender value would purchase at Our then-current rates for the same class of annuitants, whether the annuity benefits are payable in fixed or variable amounts or both.

We guarantee interest under these Settlement Options at the rate of two percent per year. The Settlement Option values are based on the Annuity 2000 Basic Tables, with Age at last birthday, projected with Scale G (50% male, 100% female) for a maximum of 20 years.

The amount of guaranteed income per \$1,000 applied to purchase the Settlement Option will be furnished upon request.

### **OPTION ONE - PAYMENTS OF INTEREST ONLY**

Periodic payments will be made of the interest credited on the amount applied.

### **OPTION TWO - PAYMENTS OF A CHOSEN AMOUNT**

Periodic payments for the amount chosen will be made until the amount applied, together with interest credited, is paid.

### **OPTION THREE - PAYMENTS FOR A CHOSEN PERIOD**

Periodic payments will be made so that the amount applied, together with interest credited, will be paid over the period chosen. The period must be at least five years and not more than 30 years.

### **OPTION FOUR - PAYMENT FOR LIFE WITH A GUARANTEED PERIOD**

The amount applied will be used to provide a life annuity with a guaranteed payment period. The guaranteed payment period must be 10 or 20 years. The payee must submit proof of Age satisfactory to Us.

### **OPTION FIVE - OTHER PLANS OF PAYMENTS FOR LIFE**

The amount applied will be used to provide a life annuity of any kind We issue on the date this option is elected. The payee must submit proof of Age satisfactory to Us.

### **PERIODIC PAYMENTS**

Monthly, quarterly, semiannual or annual periodic payments may be selected. However, each periodic payment must be at least equal to the minimum required under Our current rules at the time payments are made.

### **ELECTION OF OPTIONS**

Settlement Options may be elected or changed by:

- (a) You, while the Insured is living; or
- (b) the Beneficiary when the Insured dies and before any payments have been made.

Settlement Options Four and Five cannot be changed after the first payment is made.

You may request that the Policy be endorsed to prevent the Beneficiary from changing a Settlement Option You have elected. You must request this endorsement while the Insured is living.

We can require that any election, or later change of election, be endorsed on the Policy. Any election will be effective as of the date the election was signed, except that it will not apply to any payment We may make or any action We take before We record the election in Our Home Office.

### **LIMITATIONS**

We have the right to pay any amount payable under this Policy in a lump sum, rather than under a Settlement Option, if the payee is:

- (a) an assignee; or
- (b) a fiduciary; or
- (c) not a natural person (such as a corporation).

All Settlement Options will be subject to Our rules at the time payments under the Option begin. These include withdrawal rights, designation of payees, and evidence of Age and survival.

Settlement Options cannot be assigned. To the extent permitted by law, they will be exempt from the claims of creditors.

### **DEATH OF PAYEE**

If the payee dies and We have not agreed to other arrangements, We will pay to the payee's estate:

- (a) any unpaid amount applied and accrued interest under Option One; and
- (b) the discounted value of any remaining payments under Options Two and Three; and
- (c) the discounted value of any remaining guaranteed payments under Options Four and Five.

The discounted values for Options Two, Three, Four or Five will be calculated using the interest rate that was used to determine the amount of the annuity payments selected.

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## GENERAL PROVISIONS

### CONTRACT

The consideration for this contract is the application and payment of the first premium. In return, We promise to provide the insurance coverage described in this Policy.

The entire contract consists of:

- (a) the basic policy; and
- (b) the riders that add benefits to the basic policy, if any; and
- (c) the endorsements to the Policy, if any; and
- (d) the attached copy of Your application, and any amendments or supplemental applications.

All statements made by You for the Issue or reinstatement of a Policy shall, in the absence of fraud, be deemed representations and not warranties.

### DATE OF ISSUE

The Date of Issue of this Policy is shown in the Policy Data on Page 1. It is the date from which all premium Due Dates, Policy Years, Policy Anniversaries and Monthly Deduction dates are determined.

### ASSIGNING YOUR POLICY

During the lifetime of the Insured, You may assign this Policy as security for an obligation. We will not be bound by an assignment unless it is received in writing at Our Home Office. The assignment, unless otherwise specified by You, shall take effect on the date the notice of assignment is signed by You, subject to any payments made or actions taken by Us before such assignment was received. We will not be responsible for the validity of any assignment.

### INCONTESTABILITY

We rely on the statements made in the application for the Policy and applications for any reinstatements or increases in Specified Amount. No statement may be used in defense of a claim under the Policy unless it is in such applications.

Except for non-payment of premiums, for fraudulent misrepresentation, or as stated below, We cannot contest this Policy after it has been in force during the Insured's lifetime for two years from the Date of Issue.

Exceptions: We cannot contest any claim related to an increase in Specified Amount after such increase has been in effect during the Insured's lifetime for two years.

If this Policy is reinstated, We cannot contest this Policy after it has been in force during the Insured's lifetime for two years from the date of reinstatement.

We can contest a reinstatement or an increase in Specified Amount only on the basis of the information furnished in the application for such reinstatement or increase.

Any contest of coverage shall be based on a statement contained in an application attached to this Policy and shall be material to the risk accepted or hazard assumed by Us.

This two-year limitation does not apply to any disability or accidental death benefit, or to the nonpayment of premium.

### SUICIDE EXCLUSION

If the Insured takes his or her own life, while sane or insane, within two years from the Date of Issue, We will limit the Death Benefit Proceeds to the premiums paid less any Policy Loans and less any partial Cash Surrenders paid.

If there are any increases in the Specified Amount (See the section entitled "Changing Your Insurance Policy"), a new two-year period shall apply to each increase beginning on the date of each increase. The Death Benefit Proceeds will be the costs of insurance and Monthly Deductions associated with each increase.

### AGE AND GENDER INCORRECTLY STATED

The Insured's Age and Gender on the Date of Issue are shown in the Policy Data on Page 1. If the Age or Gender of the Insured is incorrectly stated, We will adjust the Death Benefit Amount. The adjusted Death Benefit Amount will be the amount that would have been purchased by the most recent Monthly Deduction at the Insured's correct Attained Age and Gender.

## GENERAL PROVISIONS

(Continued)

### MISSTATEMENT OF OR NON-USE OF TOBACCO AND/OR NICOTINE

Notwithstanding any other provision in this Policy, if We determine with respect to an Insured Person, that:

- (a) the Policy was issued in a Premium Class based upon a representation in the application of the Insured Person's non-use of tobacco and/or nicotine; and
- (b) the Insured Person's representation in the application for coverage regarding the non-use of tobacco and/or nicotine was incorrect; and
- (c) a corrected Premium class will be applied to such Insured Person.

We may, using a corrected Premium Class,

- (a) adjust the Policy's Monthly Deduction, to reflect the corrected Premium Class; and
- (b) adjust the Death Benefit Proceeds of an Insured Person's coverage under this Policy to the amount that would have been purchased at the correct smoking status.

In the adjustment of the Death Benefit Proceeds to reflect the correct smoking status, We will consider the most recent mortality charge by adjusting the Net Amount At Risk by the ratio of the incorrect Cost of Insurance Rate to the Cost of Insurance Rate using the correct smoking status. We will not make any retrospective recalculations to the Accumulation Value.

### STATUTORY BASIS OF POLICY VALUES

The Cash Values and the paid-up nonforfeiture benefits of the Policy are not less than the minimum values and benefit required by the NAIC Universal Life Insurance Regulation, model number 585. Cash Values, Guaranteed Costs of Insurance Rates and net single premiums are based on the Mortality Table shown in the

Policy Schedule for the appropriate Gender and Age last birthday. Continuous functions are used with interest at the Guaranteed Interest Rate shown on the Policy Schedule.

The Cash Values are equal to or more than those required by law. A detailed statement of the method of computing values and benefits has been filed with the insurance supervisory official of the state in which this Policy is delivered.

### NO DIVIDENDS

This Policy will not pay dividends. It will not participate in any of Our surplus or earnings.

### ANNUAL REPORT

We will send You at least once a year, without charge, an annual report which shows the following:

- (a) the beginning and end dates of the current report period; and
- (b) premiums paid; and
- (c) expense charges and partial surrender charges, if any, deducted; and
- (d) interest credited to Your Accumulation Value; and
- (e) the cost of insurance deducted; and
- (f) Partial Surrender benefits paid to You; and
- (g) the amount of any outstanding Policy Loan, if any, at the end of the current report period; and
- (h) the cost deducted for any riders; and
- (i) the Cash Surrender and Accumulation Values at the beginning and end of the current report period; and
- (j) the Death Benefit Amount at the beginning and end of the current reporting period.

## GENERAL PROVISIONS

(Continued)

### ILLUSTRATIVE REPORT

At any time while this Policy is in force, You may request from Us an illustration of contract values. The values will be based on both guaranteed and then-current assumptions. A reasonable fee, not to exceed \$50, may be charged for additional reports requested in a Policy Year.

### WHEN THIS POLICY TERMINATES

This Policy will terminate if:

- (a) You request that this Policy be terminated; or
- (b) the Insured dies; or
- (c) the Policy matures; or
- (d) the Grace Period ends without receipt of the required payment to keep this Policy in force.

### REINSTATEMENT

We will reinstate this Policy at any time within five years after the end of the Grace Period and before the Maturity Date. To reinstate this Policy, You must:

- (a) present evidence of insurability for the Insured satisfactory to Us; and
- (b) pay any unpaid Minimum Monthly Premium due from the Date of Issue through the date the Policy lapsed; and
- (c) pay enough premium to keep the Policy in force for two months without entering the Grace Period; and
- (d) repay or reinstate any Loan Balance outstanding at the time of termination, including any loan interest.

The reinstated Policy will be in force from the monthly Deduction Day on or next following the date We approve the reinstatement application. The schedules of Surrender Charges and Monthly Expense Charges in effect on the date the Policy lapsed will apply to the reinstated Policy.

The Accumulation Value at the time of reinstatement will be:

- (a) the Accumulation Value at the lapse date; plus
- (b) the premiums paid at the time of reinstatement, less any applicable Premium Expense Charges; less
- (c) an amount which is calculated as the difference in (1) and (2), where:
  - (1) is the Surrender Charge on the lapse date; and
  - (2) is the Surrender Charge on the reinstatement date.

Unless the effective date of reinstatement is an Allocation Day, an Index Interest Account will not be established until the first Allocation Day following reinstatement.

If a person other than the Insured is covered by an attached rider, coverage will be reinstated according to the rider.

### RIGHTS RESERVED BY US

Upon notice to You, this Policy may be modified by Us, but only if such modification is necessary to make any changes as required by the Internal Revenue Code or by any other applicable law, regulation or interpretation in order to continue treatment of this Policy as life insurance under applicable tax law including, but not limited to, Section 7702 of the Internal Revenue Code.

Any request by You to change this Policy is subject to the terms and limitations of such applicable tax law as well.

When required by law, We will obtain Your approval of changes and We will gain approval from any appropriate regulatory authority.

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**TABLE OF GUARANTEED MONTHLY COST OF INSURANCE RATES  
PER \$1,000 OF NET AMOUNT AT RISK**

ATTAINED AGE	AGGREGATE		ATTAINED AGE	TOBACCO	NO TOBACCO	ATTAINED AGE	TOBACCO	NO TOBACCO
0	\$0.06		40	\$ 0.24	\$ 0.12	80	\$ 8.29	\$ 6.22
1	0.03		41	0.26	0.13	81	9.13	6.95
2	0.02		42	0.29	0.15	82	10.00	7.74
3	0.02		43	0.32	0.16	83	10.94	8.61
4	0.01		44	0.36	0.18	84	12.02	9.59
5	0.01		45	0.39	0.20	85	13.26	10.69
6	0.01		46	0.43	0.22	86	14.63	11.92
7	0.01		47	0.46	0.23	87	16.11	13.27
8	0.01		48	0.49	0.25	88	17.68	14.74
9	0.01		49	0.52	0.26	89	19.33	16.30
10	0.02		50	0.56	0.28	90	20.96	17.89
11	0.02		51	0.61	0.31	91	22.54	19.49
12	0.02		52	0.67	0.34	92	24.20	21.20
13	0.03		53	0.74	0.38	93	25.96	23.05
14	0.04		54	0.83	0.43	94	27.87	25.04
15	0.05		55	0.93	0.48	95	29.84	27.06
16	0.06		56	1.03	0.54	96	31.77	29.09
17	0.07		57	1.12	0.59	97	33.84	31.31
18	0.07		58	1.21	0.64	98	36.10	33.74
19	0.08		59	1.31	0.71	99	38.54	36.43
20	0.10	\$0.07	60	1.43	0.78	100	40.90	39.08
21	0.11	0.07	61	1.59	0.88	101	42.98	41.51
22	0.11	0.07	62	1.77	0.99	102	45.22	44.17
23	0.12	0.08	63	1.96	1.11	103	47.64	47.11
24	0.13	0.08	64	2.15	1.23	104	50.49	50.33
25	0.13	0.08	65	2.34	1.36	105	54.03	53.86
26	0.14	0.08	66	2.52	1.49	106	57.96	57.80
27	0.15	0.08	67	2.70	1.63	107	62.35	62.19
28	0.15	0.08	68	2.89	1.77	108	67.27	67.12
29	0.15	0.08	69	3.10	1.94	109	72.85	72.70
30	0.15	0.08	70	3.34	2.13	110	79.19	79.04
31	0.15	0.08	71	3.64	2.36	111	83.33	83.33
32	0.15	0.08	72	3.98	2.64	112	83.33	83.33
33	0.15	0.08	73	4.33	2.93	113	83.33	83.33
34	0.16	0.08	74	4.71	3.24	114	83.33	83.33
35	0.17	0.09	75	5.14	3.58	115	83.33	83.33
36	0.18	0.09	76	5.61	3.97	116	83.33	83.33
37	0.19	0.10	77	6.16	4.42	117	83.33	83.33
38	0.20	0.11	78	6.80	4.95	118	83.33	83.33
39	0.22	0.11	79	7.51	5.55	119	83.33	83.33
						120	83.33	83.33

The rates shown above represent the guaranteed (maximum) monthly cost of insurance for each \$1,000 of Net Amount at Risk. If this Policy has been issued in a rated premium class, the guaranteed monthly cost will be calculated as shown on the Policy Schedule.



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# **American General Life and Accident Insurance Company**

American General Center • Nashville, Tennessee 37250-0001

**TABLE OF GUARANTEED MONTHLY COST OF INSURANCE RATES  
PER \$1,000 OF NET AMOUNT AT RISK**

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12	0.02		52	0.67	0.34	92	24.20	21.20
13	0.03		53	0.74	0.38	93	25.96	23.05
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19	0.08		59	1.31	0.71	99	38.54	36.43
20	0.10	\$0.07	60	1.43	0.78	100	40.90	39.08
21	0.11	0.07	61	1.59	0.88	101	42.98	41.51
22	0.11	0.07	62	1.77	0.99	102	45.22	44.17
23	0.12	0.08	63	1.96	1.11	103	47.64	47.11
24	0.13	0.08	64	2.15	1.23	104	50.49	50.33
25	0.13	0.08	65	2.34	1.36	105	54.03	53.86
26	0.14	0.08	66	2.52	1.49	106	57.96	57.80
27	0.15	0.08	67	2.70	1.63	107	62.35	62.19
28	0.15	0.08	68	2.89	1.77	108	67.27	67.12
29	0.15	0.08	69	3.10	1.94	109	72.85	72.70
30	0.15	0.08	70	3.34	2.13	110	79.19	79.04
31	0.15	0.08	71	3.64	2.36	111	83.33	83.33
32	0.15	0.08	72	3.98	2.64	112	83.33	83.33
33	0.15	0.08	73	4.33	2.93	113	83.33	83.33
34	0.16	0.08	74	4.71	3.24	114	83.33	83.33
35	0.17	0.09	75	5.14	3.58	115	83.33	83.33
36	0.18	0.09	76	5.61	3.97	116	83.33	83.33
37	0.19	0.10	77	6.16	4.42	117	83.33	83.33
38	0.20	0.11	78	6.80	4.95	118	83.33	83.33
39	0.22	0.11	79	7.51	5.55	119	83.33	83.33
						120	83.33	83.33

The rates shown above represent the guaranteed (maximum) monthly cost of insurance for each \$1,000 of Net Amount at Risk. If this Policy has been issued in a rated premium class, the guaranteed monthly cost will be calculated as shown on the Policy Schedule.

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**TABLE OF GUARANTEED MONTHLY COST OF INSURANCE RATES  
PER \$1,000 OF NET AMOUNT AT RISK**

ATTAINED AGE	AGGREGATE		ATTAINED AGE	TOBACCO	NO TOBACCO	ATTAINED AGE	TOBACCO	NO TOBACCO
0	\$0.03		40	\$ 0.18	\$ 0.10	80	\$ 6.10	\$ 3.83
1	0.02		41	0.19	0.10	81	6.76	4.32
2	0.01		42	0.21	0.11	82	7.46	4.83
3	0.01		43	0.22	0.12	83	8.17	5.37
4	0.01		44	0.24	0.13	84	8.92	5.98
5	0.01		45	0.27	0.14	85	9.62	6.60
6	0.01		46	0.30	0.16	86	10.44	7.34
7	0.01		47	0.33	0.18	87	11.46	8.27
8	0.01		48	0.37	0.20	88	12.50	9.26
9	0.01		49	0.42	0.22	89	13.47	10.26
10	0.01		50	0.47	0.24	90	14.02	11.00
11	0.02		51	0.53	0.27	91	14.48	11.71
12	0.02		52	0.59	0.30	92	15.47	12.92
13	0.02		53	0.65	0.33	93	16.90	14.57
14	0.02		54	0.72	0.37	94	18.94	16.69
15	0.03		55	0.79	0.41	95	21.42	19.06
16	0.03		56	0.87	0.45	96	23.86	21.47
17	0.03		57	0.95	0.49	97	25.34	23.07
18	0.03		58	1.03	0.54	98	25.94	23.95
19	0.03		59	1.12	0.59	99	27.58	25.82
ATTAINED AGE	TOBACCO	NO TOBACCO						
20	0.04	\$0.03	60	1.21	0.64	100	29.86	28.31
21	0.05	0.03	61	1.31	0.70	101	32.39	31.12
22	0.05	0.04	62	1.42	0.75	102	35.24	34.32
23	0.05	0.04	63	1.53	0.82	103	38.43	37.98
24	0.06	0.04	64	1.65	0.89	104	42.28	42.17
25	0.06	0.04	65	1.77	0.96	105	46.95	46.84
26	0.07	0.04	66	1.91	1.04	106	52.04	51.93
27	0.07	0.04	67	2.07	1.14	107	57.56	57.45
28	0.07	0.05	68	2.23	1.24	108	63.58	63.47
29	0.08	0.05	69	2.42	1.35	109	70.31	70.20
30	0.08	0.05	70	2.63	1.48	110	77.66	77.55
31	0.09	0.05	71	2.87	1.62	111	83.33	83.33
32	0.10	0.06	72	3.13	1.78	112	83.33	83.33
33	0.11	0.06	73	3.41	1.95	113	83.33	83.33
34	0.12	0.07	74	3.71	2.15	114	83.33	83.33
35	0.13	0.07	75	4.02	2.36	115	83.33	83.33
36	0.14	0.08	76	4.36	2.59	116	83.33	83.33
37	0.15	0.08	77	4.73	2.85	117	83.33	83.33
38	0.16	0.09	78	5.13	3.13	118	83.33	83.33
39	0.17	0.09	79	5.56	3.45	119	83.33	83.33
						120	83.33	83.33

The rates shown above represent the guaranteed (maximum) Monthly Cost of Insurance for each \$1,000 of Net Amount at Risk. If this Policy has been issued in a rated premium class, the guaranteed monthly cost will be calculated as shown on the Policy Schedule.

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## PARTICIPATION RATE INDEX INTEREST ACCOUNT RIDER

### PARTICIPATION RATE ACCOUNTS

This Rider allows for the addition of Index Interest Accounts to this Policy, in the form of Participation Rate Accounts. Such Participation Rate Accounts are established on the Allocation Day for this Rider shown on the Policy Schedule. Each Duration Period for a Participation Rate Account begins on the Allocation Day and ends on an Allocation Day of the same month one year later. For example, a Participation Rate Account with a Duration Period beginning on January 5, 2011 will end on January 5, 2012. The subsequent Duration Period will begin on January 5, 2012. Index Interest may be added to the Policy's Accumulation Value as described below.

This Rider will remain in force if You elect to extend coverage past the Maturity Date shown on the Policy Schedule. However, premium payments will not be accepted after the Maturity Date.

Index Interest, if any, will be credited at the end of each Duration Period. Index Interest is calculated based, in part, on the 1-year point-to-point percentage change in the Index shown on the Policy Schedule. Index Interest will vary among the various Participation Rate Accounts and will depend on the Participation Rates and changes in the Index, as to each Participation Rate Account, and may be zero. Since Index Interest is determined at the end of each Duration Period, no Index Interest will be added if any of the following events occur prior to the end of a Duration Period:

- (a) the policy lapses due to non-payment of premium; or
- (b) a full surrender is taken; or
- (c) all of the Policy's Specified Amount is paid under an accelerated death benefit; or
- (d) the Insured dies; or
- (e) the policy terminates for any reason other than the reasons listed above.

In addition, Index Interest will not be credited to any amount paid as a partial surrender.

Participation Rate Accounts are credited with guaranteed interest monthly during the Duration Period. The Guaranteed Interest Rate for all Participation Rate Accounts is shown on the Policy Schedule. Index Interest is credited in addition to guaranteed interest and is credited at the end of the Duration Period.

### ELIGIBLE VALUE

The Eligible Value at the end of each Participation Rate Account period is equal to:

- (a) The total dollar amount of the guaranteed interest credited to the Participation Rate Account's Accumulation Value in the preceding 12 months; divided by
- (b) The Eligible Value Factor shown on the Policy Schedule.

### PARTICIPATION RATE

The Initial Participation Rate is shown on the Policy Schedule and is guaranteed for the Participation Rate Account established on the Effective Date of the Rider. We may declare a new Participation Rate that will apply to each new Participation Rate Account. Such new Participation Rate may be higher or lower than the Initial Participation Rate. The new Participation Rate will never be lower than the Minimum Participation Rate shown on the Policy Schedule. Once a Participation Rate Account is established, the Participation Rate for that Participation Rate Account will not change.

Any redetermination of Participation Rates will be based on Our future expectations as to mortality, persistency, expenses, reinsurance costs, option prices, and state and federal taxes. We will not change these rates in order to recoup any prior losses.



### **RENEWAL ALLOCATION PERCENTAGE**

The Renewal Allocation Percentage is the percentage of each Participation Rate Account's Accumulation Value that will be allocated to a new Participation Rate Account. The initial Renewal Allocation Percentage is 100%. This percentage will remain in effect for each Participation Rate Account until changed by You. We must receive Your written notice to change the Renewal Allocation Percentage at least 30 days prior to the end of the Participation Rate Account period for which the change is to be made.

### **RENEWAL ALLOCATION AMOUNT**

The Renewal Allocation Amount on any Allocation Day is equal to:

- (a) The Renewal Allocation Percentage, multiplied by
- (b) The Accumulation Value of the Participation Rate Account ending on the day immediately preceding the Allocation Day (including any Index Interest credited to such Participation Rate Account).

### **CALCULATION OF INDEX INTEREST PERCENTAGE**

At the end of each Participation Rate Account period, We will calculate the Index Interest Percentage used for crediting Index Interest to such Participation Rate Account. The Index used in this calculation is shown on the Policy Schedule.

If an Allocation Day is not a Market Day for the Index, the Index Interest Percentage will be calculated using the Index value that was published on the last Market Day before such Allocation Day. Such use of an earlier Market Day does not change the Duration Period's beginning and ending dates. The value of the Index on a Market Day will be the value as of the close of business on such Market Day. The term "Market Day" means a day the Index is determined and published.

The Index Interest Percentage will be calculated as described below.

- (a) Take the ending Index value and subtract the beginning Index value.

- (b) Divide the resulting value from (a) by the beginning Index value.
- (c) Multiply the resulting value from (b), expressed as a percentage, by the Participation Rate.
- (d) Take the resulting value from (c) and subtract the Guaranteed Interest Rate for the Participation Rate Account.
- (e) Calculate the Index Interest Percentage as the greater of the resulting value from (d) or zero percent.

Annual changes can be positive or negative, but the Index Interest Percentage used to determine the Index Interest cannot be less than zero percent.

### **CALCULATION OF INDEX INTEREST**

To calculate the amount of Index Interest to be credited to a given Participation Rate Account, such Account's Eligible Value is multiplied by the Index Interest Percentage calculated for that Participation Rate Account period.

### **DISCONTINUATION OF OR SUBSTANTIAL CHANGE TO AN INDEX**

If the index used to apply Index Interest under this Policy or Rider is discontinued or is no longer available for use by Us for any reason or if the calculation of such index is changed substantially, We may substitute a comparable index subject to approval by the insurance supervisory official of the state in which this Rider is delivered. Before any substitute index is used, We will notify You and any assignee of the substitution by means of a notice sent to You and Your assignee's last address shown in Our records.

### **RIDER EFFECTIVE DATE**

The Effective Date of this Rider is shown on the Policy Schedule.

### **GENERAL**

This Rider is a part of the Policy to which it is attached. Its benefits are subject to all of the terms of this Rider and the Policy.

## **AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY**



SECRETARY

# INDEX CAP INDEX INTEREST ACCOUNT RIDER

## INDEX CAP ACCOUNTS

This Rider allows for the addition of Index Interest Accounts to this Policy, in the form of Index Cap Accounts. Such Index Cap Accounts are established on the Allocation Day for this Rider shown on the Policy Schedule. Each Duration Period for an Index Cap Account begins on the Allocation Day and ends on an Allocation Day of the same month one year later. For example, an Index Cap Account with a Duration Period beginning on January 5, 2011 will end on January 5, 2012. The subsequent Duration Period will begin on January 5, 2012. Index Interest may be added to the Policy's Accumulation Value as described below.

This Rider will remain in force if You elect to extend coverage past the Maturity Date shown on the Policy Schedule. However, premium payments will not be accepted after the Maturity Date.

Index Interest, if any, will be credited at the end of each Duration Period. Index Interest is calculated based, in part, on the 1-year point-to-point percentage change in the Index shown on the Policy Schedule. Index Interest will vary among the various Index Cap Accounts and will depend on the Index Caps, and changes in the Index, as to each Index Cap Account, and may be zero. Since Index Interest is determined at the end of each Duration Period, no Index Interest will be added if any of the following events occur prior to the end of a Duration Period:

- (a) the policy lapses due to non-payment of premium; or
- (b) a full surrender is taken; or
- (c) all of the Policy's Specified Amount is paid under an accelerated death benefit; or
- (d) the Insured dies; or
- (e) the policy terminates for any reason other than the reasons listed above.

In addition, Index Interest will not be credited to any amount paid as a partial surrender.

Index Cap Accounts are credited with guaranteed interest monthly during the Duration Period. The Guaranteed Interest Rate for all Index Cap Accounts is shown on the Policy Schedule. Index Interest is credited

in addition to guaranteed interest and is credited at the end of the Duration Period.

## ELIGIBLE VALUE

The Eligible Value at the end of each Index Cap Account period is equal to:

- (a) The total dollar amount of the guaranteed interest credited to the Index Cap Account's Accumulation Value in the preceding 12 months; divided by
- (b) The Eligible Value Factor shown on the Policy Schedule.

## INDEX CAP RATE

The Index Cap limits the amount of interest that may be credited to a given Index Cap Account. The Initial Index Cap is shown on the Policy Schedule and is guaranteed for the Index Cap Account established on the Effective Date of the Rider. We may declare a new Index Cap that will apply to each new Index Cap Account. Such new Index Cap may be higher or lower than the Initial Index Cap. The new Index Cap will never be lower than the Minimum Index Cap shown on the Policy Schedule. Once an Index Cap Account is established, the Index Cap for that Index Cap Account will not change.

Any redetermination of Index Caps will be based on Our future expectations as to mortality, persistency, expenses, reinsurance costs, option prices, and state and federal taxes. We will not change these rates in order to recoup any prior losses.

## RENEWAL ALLOCATION PERCENTAGE

The Renewal Allocation Percentage is the percentage of each Index Cap Account's Accumulation Value that will be allocated to a new Index Cap Account. The initial Renewal Allocation Percentage is 100%. This percentage will remain in effect for each Index Cap Account until changed by You. We must receive Your written notice to change the Renewal Allocation Percentage at least 30 days prior to the end of the Index Cap Account period for which the change is to be made.

**RENEWAL ALLOCATION AMOUNT**

The Renewal Allocation Amount on any Allocation Day is equal to:

- (a) The Renewal Allocation Percentage, multiplied by
- (b) The Accumulation Value of the Index Cap Rate Account ending on the day immediately preceding the Allocation Day (including any Index Interest credited to such Index Cap Account).

**CALCULATION OF INDEX INTEREST PERCENTAGE**

At the end of each Index Cap Account period, We will calculate the Index Interest Percentage used for crediting Index Interest to such Index Cap Account. The Index used in this calculation is shown on the Policy Schedule.

If an Allocation Day is not a Market Day for the Index, the Index Interest Percentage will be calculated using the Index value that was published on the last Market Day before such Allocation Day. Such use of an earlier Market Day does not change the Duration Period's beginning and ending dates. The value of the Index on a Market Day will be the value as of the close of business on such Market Day. The term "Market Day" means a day the Index is determined and published.

The Index Interest Percentage will be calculated as described below:

- (a) Take the ending Index value and subtract the beginning Index value.
- (b) Divide the resulting value from (a) by the beginning Index value.
- (c) Take the lesser of the resulting value from (b), expressed as a percentage, or the Index Cap.

- (d) Take the resulting value from (c) and subtract the Guaranteed Interest Rate for the Index Cap Account.
- (e) Calculate the Index Interest Percentage as the greater of the resulting value from (d) or zero percent.

Annual changes can be positive or negative, but the Index Interest Percentage used to determine the Index Interest cannot be less than zero percent.

**CALCULATION OF INDEX INTEREST**

To calculate the amount of Index Interest to be credited to a given Index Cap Account, such Account's Eligible Value is multiplied by the Index Interest Percentage calculated for that Index Cap Account period.

**DISCONTINUATION OF OR SUBSTANTIAL CHANGE TO AN INDEX**

If the index used to apply Index Interest under this Policy or Rider is discontinued or is no longer available for use by Us for any reason or if the calculation of such index is changed substantially, We may substitute a comparable index subject to approval by the insurance supervisory official of the state in which this Rider is delivered. Before any substitute index is used, We will notify You and any assignee of the substitution by means of a notice sent to You and Your assignee's last address shown in Our records.

**RIDER EFFECTIVE DATE**

The Effective Date of this Rider is shown on the Policy Schedule.

**GENERAL**

This Rider is a part of the Policy to which it is attached. Its benefits are subject to all of the terms of this Rider and the Policy.

**AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY**

SECRETARY

APPLICATION FOR LIFE INSURANCE
American General Life and Accident Insurance Company
American General Center • Nashville, Tennessee 37250-0001

1. a. Primary Proposed Insured Name (Print full name) John Doe
b. Address 123 4th Street Little Rock AR 72203 USA
c. SSN: 012-45-6789
d. Marital/Domestic Status: [X] Married
e. Driver's License No. 12345678
f. State of Issue AR
g. Annual Earned Income \$55,000
h. Other Sources of Income None
i. Occupation Mechanic
j. How long in occupation 10 Years
k. Employer ABC Repair
l. Job duties repairing cars
m. Length of time employed by current employer 10 Years
n. Average No. of hours worked per week in occupation 40
o. Is Primary Proposed Insured actively at work and able to perform all regular job duties? [X] Yes
p. If no earned income, provide details of prior employment and job duties
q. If unemployed, retired prior to age 55, disabled or receiving Supplemental Security Income (SSI), provide explanation

2. a. Additional Proposed Insured (If coverage applied for)
b. Address
c. SSN:
d. Marital/Domestic Status:
e. Driver's License No.
f. State of Issue
g. Annual Earned Income
h. Other Sources of Income
i. Occupation
j. How long in occupation
k. Employer
l. Job duties
m. Length of time employed by current employer
n. Average No. of hours worked per week in occupation
o. Is Additional Proposed Insured actively at work and able to perform all regular job duties?
p. If no earned income, provide details of prior employment and job duties
q. If unemployed, retired prior to age 55, disabled or receiving Supplemental Security Income (SSI), provide explanation

3. Enter names of children, stepchildren and legally adopted children for whom application for coverage under a Child Term Rider is made who are: (1) members of your immediate family and household; and (2) under the age of 18.
Table with 7 columns: Full Name, Age, Birth Date (Month, Day, Year), Gender, Relationship (If stepchild, consent required), For any child under age one (including Primary Proposed Insured), Name, Birth Weight, Weight Now.
4. Owner Name (If other than Primary Proposed Insured)
Address
SSN/TIN:
Relationship to Primary Proposed Insured

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AGLA1000-AR REV0611

5. Premium Payor Name (If other than Primary Proposed Insured) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Street City State Zip Code  
 SSN/TIN: \_\_\_\_\_ Relationship to Primary Proposed Insured \_\_\_\_\_

## 6. Complete for Primary Proposed Insured:

[a. Plan Name Whole Life If Term: Duration \_\_\_\_\_ Ins Amount \$ 100,000

If Universal Life: Death Benefit ☒ Option A ☐ Option B

## b. Benefits &amp; Riders

**For Indexed UL Only:** Initial Premium Allocation Percentages

(Must Total 100%) Index Cap Account 25 % Participation Rate Account 25 % Declared Interest Account 50 %

- |  |  |
|--|--|
| <input type="checkbox"/> Waiver Rider  | <input type="checkbox"/> Terminal Illness Rider                |
| <input type="checkbox"/> Additional Insurance Option \$ _____  | <input type="checkbox"/> Monthly Guarantee Premium Rider       |
| <input type="checkbox"/> Accidental Death \$ _____   | <input type="checkbox"/> Children's Term Rider \$ _____ Amt    |
| <input type="checkbox"/> Single Premium Whole Life \$ _____  | <input type="checkbox"/> Level Term Rider \$ _____ Amt         |
| <input type="checkbox"/> Spouse Level Term Rider \$ _____ Amt  | <input type="checkbox"/> Additional Insured Rider \$ _____ Amt |
| <input type="checkbox"/> Accelerated Benefit Rider 2 Initial Defined Benefit – Primary Proposed Insured <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> Other _____ ]    |  |
| <input type="checkbox"/> Accelerated Benefit Rider 2 Initial Defined Benefit – Additional Proposed Insured <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> Other _____ ] |  |
| <input type="checkbox"/> Primary Proposed Insured  | <input type="checkbox"/> Additional Proposed Insured           |
| <input type="checkbox"/> Disability Income Rider 2   | <input type="checkbox"/> Disability Income Rider 2             |
| <input type="checkbox"/> Disability Income Rider 5   | <input type="checkbox"/> Disability Income Rider 5             |
| Monthly Benefit _____  | Monthly Benefit _____  |
| Occ. Class _____   | Occ. Class _____   |
| <input type="checkbox"/> Other _____   | <input type="checkbox"/> Other _____                           |

☐ Chronic Illness Accelerated Benefit Rider II – Primary Proposed Insured

To apply for the Chronic Illness Accelerated Death Benefit Rider II, select the appropriate boxes in items 1 and 2 below

1. a) ☐ I am applying for the Chronic Illness Accelerated Death Benefit Rider II.  
 b) Initial Monthly Benefit Amount \$ \_\_\_\_\_  
 c) Benefit Period ☐ 24 Months ☐ 36 Months ☐ 48 Months ☐ 60 Months  
 d) Other \_\_\_\_\_
2. a) ☐ I am NOT applying for the Extension of Benefit option.  
☐ I am applying for the Extension of Benefit option WITH the Cost of Living Allowance benefit.  
 Cost of Living Increase Percentage \_\_\_\_\_ %  
☐ I am applying for the Extension of Benefit option WITHOUT the Cost of Living Allowance benefit.  
☐ I have reviewed the Outline of Coverage and the graphs that compare the benefits and cost of insurance of this Rider with and without the Cost of Living Allowance benefit. Specifically, I have reviewed my options and I reject the Cost of Living Allowance benefit.
- b) Benefit Period (must be less than or equal to the Benefit Period designated for the Rider) ☐ 24 Months ☐ 36 Months ☐ 48 Months ☐ 60 Months

☐ Chronic Illness Accelerated Benefit Rider II – Additional Proposed Insured

To apply for the Chronic Illness Accelerated Death Benefit Rider II, select the appropriate boxes in items 1 and 2 below

1. a) ☐ I am applying for the Chronic Illness Accelerated Death Benefit Rider II.  
 b) Initial Monthly Benefit Amount \$ \_\_\_\_\_  
 c) Benefit Period ☐ 24 Months ☐ 36 Months ☐ 48 Months ☐ 60 Months  
 d) Other \_\_\_\_\_
2. a) ☐ I am NOT applying for the Extension of Benefit option.  
☐ I am applying for the Extension of Benefit option WITH the Cost of Living Allowance benefit.  
 Cost of Living Increase Percentage \_\_\_\_\_ %  
☐ I am applying for the Extension of Benefit option WITHOUT the Cost of Living Allowance benefit.  
☐ I have reviewed the Outline of Coverage and the graphs that compare the benefits and cost of insurance of this Rider with and without the Cost of Living Allowance benefit. Specifically, I have reviewed my options and I reject the Cost of Living Allowance benefit.
- b) Benefit Period (must be less than or equal to the Benefit Period designated for the Rider) ☐ 24 Months ☐ 36 Months ☐ 48 Months ☐ 60 Months

7. First Beneficiary Jane Doe Wife 33 987-65-1234  
 Name Relationship Age SSN/TIN

Address

Secondary Beneficiary \_\_\_\_\_  
 Name Relationship Age SSN/TIN

Address

## 8. Premium and Payment

a. Premium \$ 67.33 Lump Sum \_\_\_\_\_ ☐ 1035 exchange

b. Payment Mode: ☐ A ☐ S ☐ Q ☒ M Planned Periodic Premium \_\_\_\_\_

☐ Other \_\_\_\_\_

☐ Automatic Bank Check

☐ Add to existing ABC account, policy no. \_\_\_\_\_

☐ AG Payroll Deduction (AGLA employees only)

☐ New payroll account no. \_\_\_\_\_

☐ Payroll Deduction

☐ Add to existing PD account no. \_\_\_\_\_

Anticipated Effective Date of Coverage \_\_\_\_\_

If premium mode is payroll deduction, are premiums to be paid with pre-tax dollars under a Section 125 (cafeteria plan sponsored by your employer)?

☐ Yes ☐ No

c. If Available, is Automatic Premium Loan Provision to be in effect? ☐ Yes ☐ No

**If one or more policies are being applied for at this time having the same Owner and Premium Mode/Method, please complete the section(s) below:**

9. a. Individual to be insured is the ☒ Primary Proposed Insured or ☐ Additional Proposed Insured listed on this application.

b. Plan Name \_\_\_\_\_ If Term: Duration \_\_\_\_\_ Ins Amount \$ \_\_\_\_\_ If UL: Death Benefit ☐ Option A ☐ Option B

## c. Benefits &amp; Riders

☐ Waiver Rider

☐ Accelerated Benefit Rider 2 Initial Defined Benefit for individual in 9.a. ☐ 5% ☐ 10% ☐ Other \_\_\_\_\_ ]

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

d. If beneficiary is to be other than as listed in question 7 above, please complete the following:

First Beneficiary \_\_\_\_\_  
 Name Relationship Age SSN/TIN

Address

Secondary Beneficiary \_\_\_\_\_  
 Name Relationship Age SSN/TIN

Address

e. Premium \$ \_\_\_\_\_ ☐ Lump Sum \_\_\_\_\_ ☐ 1035 exchange ☐ Planned Periodic Premium \_\_\_\_\_

10. a. Individual to be insured is the ☐ Primary Proposed Insured or ☐ Additional Proposed Insured listed on this application.

b. Plan Name \_\_\_\_\_ If Term: Duration \_\_\_\_\_ Ins Amount \$ \_\_\_\_\_ If UL: Death Benefit ☐ Option A ☐ Option B

## c. Benefits &amp; Riders

☐ Waiver Rider

☐ Accelerated Benefit Rider 2 Initial Defined Benefit for individual in 10.a. ☐ 5% ☐ 10% ☐ Other \_\_\_\_\_ ]

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

d. If beneficiary is to be other than as listed in question 7 above, please complete the following:

First Beneficiary \_\_\_\_\_  
 Name Relationship Age SSN/TIN

Address

Secondary Beneficiary \_\_\_\_\_  
 Name Relationship Age SSN/TIN

Address

e. Premium \$ \_\_\_\_\_ ☐ Lump Sum \_\_\_\_\_ ☐ 1035 exchange ☐ Planned Periodic Premium \_\_\_\_\_

**BACKGROUND/HEALTH QUESTIONS****YES NO**

11. Does any proposed insured have any of the coverages listed below inforce or have any pending application for such coverage with this Company or any other company? Check all applicable boxes. ....  
If "Yes,"

☐ ☒

Name _____	Co. Name _____	Amt. of Coverage/Benefit _____	Pol. No. _____
<input type="checkbox"/> Life	<input type="checkbox"/> Health	<input type="checkbox"/> Long-term Care	<input type="checkbox"/> Disability/Period _____
<input type="checkbox"/> Annuity			

Name _____	Co. Name _____	Amt. of Coverage/Benefit _____	Pol. No. _____
<input type="checkbox"/> Life	<input type="checkbox"/> Health	<input type="checkbox"/> Long-term Care	<input type="checkbox"/> Disability/Period _____
<input type="checkbox"/> Annuity			

Name _____	Co. Name _____	Amt. of Coverage/Benefit _____	Pol. No. _____
<input type="checkbox"/> Life	<input type="checkbox"/> Health	<input type="checkbox"/> Long-term Care	<input type="checkbox"/> Disability/Period _____
<input type="checkbox"/> Annuity			

12. Will any existing insurance coverage or annuity contract be replaced or changed if any policy applied for is issued?.....  
If "Yes," complete the necessary replacement forms and provide details below.

☐ ☒

Name _____	Co. Name _____	Type of Coverage _____	Amt. of Coverage/Benefit _____	Pol. No. _____
Name _____	Co. Name _____	Type of Coverage _____	Amt. of Coverage/Benefit _____	Pol. No. _____
Name _____	Co. Name _____	Type of Coverage _____	Amt. of Coverage/Benefit _____	Pol. No. _____

13. Within the past 5 years, has any proposed insured used tobacco (cigarettes, cigars, pipe, snuff, chewing tobacco) or nicotine patches, nicotine gum or any other form of nicotine? If "Yes," provide details below .....

☐ ☒

Name _____	Type _____	Date of Last Use _____	Frequency/Amount _____
Name _____	Type _____	Date of Last Use _____	Frequency/Amount _____

14. Has any proposed insured ever had an application for insurance modified, rated, declined, postponed, or withdrawn? .....  
If "Yes," provide details below.

☐ ☒

Name _____	Type of Coverage _____	Date _____	Details _____
Name _____	Type of Coverage _____	Date _____	Details _____

15. Within the past 5 years, has any proposed insured been convicted of, paid a fine/ticket or pled guilty to reckless driving, driving while intoxicated, or had a driver's license revoked or suspended, or, within the past 3 years, had any moving traffic violations?.....  
If "Yes,"

☐ ☒

Name _____	Type of Violation _____	Duration (if applicable) _____	Date of Incident _____	State of Incident _____
Details _____				
Name _____	Type of Violation _____	Duration (if applicable) _____	Date of Incident _____	State of Incident _____
Details _____				

16. Has any proposed insured ever been convicted of, pled guilty to, or pled no contest to a felony, or is any such charge pending against him/her? .....

☐ ☒

Name _____	Date of Occurrence _____	County and State _____	Disposition _____
Details _____			
Name _____	Date of Occurrence _____	County and State _____	Disposition _____
Details _____			

				YES	NO
17. Does any proposed insured intend to travel or reside outside of the United States within the next year? .....				<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes,"					
Name(s)	City/Country where traveling	Length of Stay	Times Per Year		
Purpose of Travel	Do you plan to visit non-urban areas	Trips outside of U.S. in prior two years			
Name(s)	City/Country where traveling	Length of Stay	Times Per Year		
Purpose of Travel	Do you plan to visit non-urban areas	Trips outside of U.S. in prior two years			
18. Is any proposed insured <b>NOT</b> a citizen of the United States? .....				<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes,"					
Name of proposed insured _____		Name of proposed insured _____			
Date of entry into the U.S. _____		Date of entry into the U.S. _____			
Name of country of citizenship _____		Name of country of citizenship _____			
Have Permanent Resident Card? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have Permanent Resident Card? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," Provide A # _____		If "Yes," Provide A # _____			
If No, does the proposed insured have a Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, does the proposed insured have a Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," Type of Visa: _____ (provide copy)		If "Yes," Type of Visa: _____ (provide copy)			
Intentions after expiration of Visa _____		Intentions after expiration of Visa _____			
Does the proposed insured own a home in the U.S.?		Does the proposed insured own a home in the U.S.?			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are any family members U.S. Citizens or Permanent Residents?		Are any family members U.S. Citizens or Permanent Residents?			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," give details _____		If "Yes," give details _____			
If no Permanent Resident Card and no Visa, please explain: _____		If no Permanent Resident Card and no Visa, please explain: _____			
19. Within the past 5 years, has any proposed insured flown as a pilot, student pilot or crew member of any aircraft, or does any proposed insured have any intention to do so in the next 2 years? .....				<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," Name _____ Details _____					
Name _____ Details _____					
If "Yes," submit an Aviation Questionnaire.					
20. Within the past 5 years, has any proposed insured engaged in motor sports events or racing (auto, truck, cycle, boat, etc.); rock or mountain climbing; skin or scuba diving; aeronautics (hang-gliding, sky diving, parachuting, ultra light, soaring, ballooning)? .....				<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," Name _____ Details _____					
Name _____ Details _____					
If "Yes," submit an Avocation Questionnaire.					
<b>AGENT USE ONLY</b>					
MEDICAL EXAMINATION WILL BE SCHEDULED FOR: Primary Proposed Insured .....				<input type="checkbox"/>	<input type="checkbox"/>
Additional Proposed Insured .....				<input type="checkbox"/>	<input type="checkbox"/>
<b>For any person who will be scheduled for a medical examination, please complete Questions 21. a. and 21. b.</b>					
21. a. Within the past 5 years, has any proposed insured been diagnosed as having or been treated for alcoholism, cancer or malignancy, HIV, heart attack, angina, kidney failure, Type 1 diabetes, emphysema, organ transplant or stroke, or been advised to have any diagnostic test or surgery not yet performed? .....				<input type="checkbox"/>	<input type="checkbox"/>
If "Yes," name(s) of proposed insured(s) _____					
b. Is any proposed insured age 71 or older? .....				<input type="checkbox"/>	<input type="checkbox"/>
If "Yes," name(s) of proposed insured(s) _____					
If "Yes" to 21. a. or 21. b., <b>no premium may be collected with this application.</b>					



**Questions 22 through 38 are only for persons proposed for insurance who are NOT expected to be subject to a Medical Examination. All applicants may, nevertheless, be subject to a Medical Examination at the Company's option.**

Please complete questions 22-38 for each person who did not check "Yes" above, and for each child who is not an additional proposed insured:

22. a. Primary Proposed Insured: Height 6'0" Weight 190 lbs b. Additional Proposed Insured: Height \_\_\_\_\_ Weight \_\_\_\_\_  
 c. Has any proposed insured had a change in weight of 10 or more pounds in the past year? ..... ☐ ☒  
 If "Yes," Name \_\_\_\_\_ Details \_\_\_\_\_  
 If "Yes," Name \_\_\_\_\_ Details \_\_\_\_\_

23. Is any proposed insured currently taking any medication or under medical observation, treatment, or therapy? ..... ☐ ☒  
 If "Yes," Name \_\_\_\_\_  
 Give details including reasons for medication, treatment or therapy and name, address and telephone number of physician.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 If "Yes," Name \_\_\_\_\_  
 Give details including reasons for medication, treatment or therapy and name, address and telephone number of physician.  
 \_\_\_\_\_  
 \_\_\_\_\_

24. Within the past 5 years, has any proposed insured consulted a doctor or been a patient in a hospital, clinic or treatment facility, or gone to a hospital emergency room or walk-in or similar clinic for medical care or consultation? ..... ☐ ☒  
 If "Yes," Name \_\_\_\_\_  
 Date(s) \_\_\_\_\_ Duration \_\_\_\_\_ Type of Visit/Stay \_\_\_\_\_  
 (hospital, clinic, treatment facility, ER, walk-in or clinic)  
 Name, Address, and Telephone Number of the doctor, hospital, clinic, ER or treatment facility \_\_\_\_\_  
 \_\_\_\_\_  
 Give details \_\_\_\_\_  
 Name \_\_\_\_\_  
 Date(s) \_\_\_\_\_ Duration \_\_\_\_\_ Type of Visit/Stay \_\_\_\_\_  
 (hospital, clinic, treatment facility, ER, walk-in or clinic)  
 Name, Address, and Telephone Number of the doctor, hospital, clinic, ER or treatment facility \_\_\_\_\_  
 \_\_\_\_\_  
 Give details \_\_\_\_\_

25. In the immediate family of any proposed insured, is there a history of high blood pressure, heart disease prior to age 60, kidney disease, stroke, diabetes prior to age 55, sickle cell anemia, cerebrovascular disorder, aneurysm, or cancer? ..... ☐ ☒  
 If "Yes," Name of Proposed Insured: \_\_\_\_\_  
 Relationship to Proposed Insured \_\_\_\_\_ Type/Details \_\_\_\_\_  
 Name of Proposed Insured: \_\_\_\_\_  
 Relationship to Proposed Insured \_\_\_\_\_ Type/Details \_\_\_\_\_

26. Does any proposed insured have a history of high blood pressure? ..... ☐ ☒  

If "Yes," Name _____	If "Yes," Name _____
Date of diagnosis _____	Date of diagnosis _____
Treatment _____	Treatment _____
Last blood pressure reading and date _____	Last blood pressure reading and date _____
Highest blood pressure reading in past 12 months _____	Highest blood pressure reading in past 12 months _____
Average blood pressure reading _____	Average blood pressure reading _____
Name and address of physician treating high blood pressure. _____	Name and address of physician treating high blood pressure. _____
_____	_____
_____	_____
_____	_____

	YES	NO
27. Does any proposed insured have diabetes? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>If "Yes," Name _____</p> <p>Date of diagnosis _____</p> <p>Describe treatment _____</p> <p>List any disability related to diabetes _____</p> <p>Last blood sugar or HA1C reading and date _____</p> <p>Has the proposed insured experienced diabetic coma, or vascular, kidney, heart, eye or other problems related to diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," provide details _____</p> <p>_____ _____ _____</p> <p>Name and address of physician treating diabetes _____</p> <p>_____ _____ _____</p> </div> <div style="width: 48%;"> <p>If "Yes," Name _____</p> <p>Date of diagnosis _____</p> <p>Describe treatment _____</p> <p>List any disability related to diabetes _____</p> <p>Last blood sugar or HA1C reading and date _____</p> <p>Has the proposed insured experienced diabetic coma, or vascular, kidney, heart, eye or other problems related to diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," provide details _____</p> <p>_____ _____ _____</p> <p>Name and address of physician treating diabetes _____</p> <p>_____ _____ _____</p> </div> </div>		
28. Within the past 5 years, has any proposed insured consumed alcoholic beverages? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>If "Yes," Name _____</p> <p>Maximum No. of drinks per day _____ Type (Beer, Wine, Liquor) and Date of last use _____</p> <p>Name _____</p> <p>Maximum No. of drinks per day _____ Type (Beer, Wine, Liquor) and Date of last use _____</p> </div> <div style="width: 48%;"> <p>Average No. of drinks per week _____</p> <p>Average No. of drinks per week _____</p> </div> </div>		
29. Has any proposed insured ever received medical treatment or counseling from a physician for, or been advised by a physician to discontinue or reduce, the use of alcohol or prescribed or non-prescribed drugs (cocaine, marijuana, heroin, methamphetamine) or other controlled substances, or has any proposed insured used such a non-prescribed drug or controlled substance, or any prescription medication other than as prescribed by a physician? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>If "Yes," Name _____ Date(s) _____ Duration _____ Type _____</p> <p>Details (including name, address and telephone number of the doctor, hospital, clinic or treatment facility) _____</p> <p>_____ _____ _____</p> <p>Name _____ Date(s) _____ Duration _____ Type _____</p> <p>Details (including name, address and telephone number of the doctor, hospital, clinic or treatment facility) _____</p> <p>_____ _____ _____</p> </div> <div style="width: 48%;"> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div> </div>		
30. Within the past 10 years, has any proposed insured been diagnosed as having or been treated for Acquired Immune Deficiency Syndrome (AIDS), or tested positive for the Human Immunodeficiency Virus (HIV)? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>If "Yes," Name _____</p> <p>Name and Address of Physician _____</p> <p>If "Yes," Name _____</p> <p>Name and Address of Physician _____</p> </div> <div style="width: 48%;"> <p>Details _____</p> <p>Details _____</p> </div> </div>		
31. Within the past 12 months, has any proposed insured had one or more sores that have not healed, had changes in the appearance of a mole, experienced bleeding, chest pain, convulsions, dizziness, fatigue, hoarseness, numbness, or paralysis for which the cause is not known and for which a doctor has not been consulted? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>If "Yes," Name _____</p> <p>Details _____</p> <p>Name _____</p> <p>Details _____</p> </div> <div style="width: 48%;"> <p>Date(s) _____ Duration _____ Type _____</p> <p>Date(s) _____ Duration _____ Type _____</p> </div> </div>		

	YES	NO
<p>32. In the past 24 months, has any proposed insured been advised by a member of the medical profession concerning any abnormal diagnostic test results, or been advised to have any diagnostic tests (including self-administered), treatment or surgery which was not completed or does any proposed insured have test results pending [except those tests related to the Human Immunodeficiency Virus (AIDS virus)]? .....</p> <p>If "Yes," Name _____ Date(s) _____ Type _____</p> <p>Details _____ (including name, address and telephone number of the doctor, hospital, clinic or treatment facility)</p> <p>Name _____ Date(s) _____ Type _____</p> <p>Details _____ (including name, address and telephone number of the doctor, hospital, clinic or treatment facility)</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>33. Does any proposed insured have a pending appointment with any physician or other medical professional or have the intent to make such appointment within the next 60 days? .....</p> <p>If "Yes," Name _____ Date(s) _____ Type _____</p> <p>Details _____ (including name, address and telephone number of the doctor, hospital, clinic or treatment facility)</p> <p>Name _____ Date(s) _____ Type _____</p> <p>Details _____ (including name, address and telephone number of the doctor, hospital, clinic or treatment facility)</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>34. Is any proposed insured currently a patient in or been advised to enter a hospital, nursing home, hospice or assisted living facility? .....</p> <p>If "Yes," Name _____ Details _____</p> <p>Name _____ Details _____</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>35. Has any proposed insured made claim for or received disability (other than for routine pregnancy) or Worker's Compensation benefits in the past 5 years? .....</p> <p>If "Yes," Name _____ Type of Disability _____ Details _____</p> <p>Name _____ Type of Disability _____ Details _____</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>36. Within the past 24 months, has any proposed insured:</p> <p>(a) experienced fainting, stumbling or falling while walking, problems with balance, deterioration in vision or hearing or shortness of breath? .....</p> <p>(b) received home health care services, physical therapy or rehabilitation therapy? .....</p> <p>(c) resided in senior citizen's housing or a retirement or assisted living community? .....</p> <p>(d) required assistance or supervision with or had any limitations in performing, any of the following daily activities: bathing, bladder and/or bowel control, eating, dressing, toileting or transferring (moving into or out of a bed, chair or wheelchair)? .....</p> <p>(e) required assistance with routine activities such as: using the phone, taking medications, paying bills, shopping, driving a car, traveling outside the home or preparing meals? .....</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<p>37. Has any proposed insured ever been diagnosed as having, or been treated for or consulted a licensed health care provider for any of the following. (If "Yes," check applicable boxes below.)</p> <p>(a) heart disease, heart attack, chest pain, shortness of breath, irregular heartbeat, heart murmur, high cholesterol or other disorder of the heart? .....</p> <p>(b) a blood clot, aneurysm, stroke, transient ischemic attack, or other disease or disorder of the arteries or veins? .....</p> <p>(c) cancer, malignant tumor or growth, leukemia, melanoma, Hodgkin's disease, non-Hodgkin's lymphoma, masses, cysts, polyps or other similar abnormalities? .....</p> <p>(d) a disease or disorder of the thyroid or other glands or a disease or disorder of the immune or lymphatic system? .....</p> <p>(e) a disease or disorder of the digestive system, throat, esophagus, stomach, intestine, liver, pancreas, or gall bladder? .....</p> <p>(f) a disease or disorder of the urinary tract, kidneys, bladder, or prostate, or polycystic kidneys, or protein in the urine? .....</p> <p>(g) a disease or disorder of the respiratory system, or asthma, chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema, sleep apnea, or other lung disorder? .....</p> <p>(h) a disease or disorder of the nervous system, brain, or spinal cord, or cerebral palsy, multiple sclerosis, paralysis or seizures? .....</p> <p>(i) anxiety, depression or other mental disorder? .....</p> <p>(j) Alzheimer's disease or dementia? .....</p> <p>(k) glaucoma, macular degeneration, optic neuritis? .....</p> <p>(l) a disease or disorder of the blood, or anemia, hemophilia, sickle cell anemia? .....</p> <p>(m) a disease or disorder of the muscles or bones, including but not limited to the back or joints? .....</p> <p>(n) a disease or disorder of the reproductive system? .....</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

38. Does any proposed insured have any symptoms or knowledge of any other condition that is **NOT** disclosed in previous questions? ..... **YES** ☐ **NO** ☒

Explain "Yes" answers to Questions 36-38.

Name	Date	Duration	Details	Name(s) and Address(es) of Doctor(s) or Hospital(s)
------	------	----------	---------	---

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The space below may also be used to elaborate on any other question on this application.

### OWNER'S CERTIFICATION

Under penalties of perjury, I certify that the following number, 012-45-6789, is my correct taxpayer identification number, AND

Under penalties of perjury, I certify that I am not subject to backup withholding because:

- (a) I am exempt from backup withholding, or
- (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of failure to report all interest or dividends, or
- (c) the IRS has notified me that I am no longer subject to backup withholding, AND

Under penalties of perjury, I certify that I am a U.S. person (including a U.S. resident alien).

You must cross out item (b) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends in your tax return.

X John Doe June 1, 2011  
Signature of Owner Date

### Consent to Insurance on Life of Minor Primary Proposed Insured

I hereby consent to the insurance plan, amount and beneficiary designation shown on the application and also reaffirm the answers to the health questions as they pertain to the Minor Primary Proposed Insured.

X \_\_\_\_\_  
Signature of Biological/Adoptive Father or Mother or of Legal Guardian Date

X \_\_\_\_\_  
Signature of Biological/Adoptive Father or Mother or of Legal Guardian Date

### Consent to Children's Term Rider on Life of Minor Stepchild of Primary Proposed Insured or Additional Proposed Insured

I hereby consent to the insurance plan and amount shown on this application as to any biological and adopted child(ren) of mine listed in this application. I understand that the beneficiary of such applied-for coverage on such child(ren) will be the Owner of the policy. I affirm the answers to the health questions on this application as to such child(ren).

X \_\_\_\_\_  
Signature of Biological/Adoptive Father or Mother Date

### SECONDARY ADDRESSEE FOR CHRONIC ILLNESS ACCELERATED BENEFIT RIDER II (not applicable to any other coverage).

Name and address of person to receive notice of lapse or termination of the applied-for coverage (in addition to the payer of the Policy):

Name \_\_\_\_\_ Address \_\_\_\_\_

Protection Against Unintended Lapse: I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this accelerated death benefit rider for nonpayment of cost of insurance. I understand that notice will not be given until thirty (30) days after cost of insurance is due and unpaid. By not providing a name and address, I signify that I elect NOT to designate any person to receive such notice.

### AGENT'S CERTIFICATION

I certify that I have asked each question and that the answers have been truly and accurately recorded as given. I have recorded any unfavorable information which I have knowledge of concerning any proposed insured. I confirm that any and all signatures of the Primary Proposed Insured, Additional Proposed Insured, Owner and Witness(es) in this application were signed in my presence.

June 1, 2011 Sally Shield  
Date Signature of Licensed Agent

**ACKNOWLEDGEMENT – AGREEMENT – AUTHORIZATION – NOTICE**

I, the Primary Proposed Insured (and any Owner or Additional Proposed Insured signing below), by my signature set forth hereafter:

**Acknowledge** that, if a Conditional Receipt was issued to me as a result of this application, I have read, or have been given the opportunity to read or to have read to me, all terms and provisions of such Conditional Receipt.

**Agree** that, under the Conditional Receipt, if any, given to me as the result of this application and under any additional pending application for other life, accident and/or health insurance coverage from American General Life and Accident Insurance Company ("the Company"), the aggregate liability on account of all coverages applied for with the Company will be the amount of coverage applied for or \$250,000, whichever is less.

**Agree** that any temporary insurance arising under the terms of any Conditional Receipt given to me as a result of this application shall become effective only if and when such Conditional Receipt is delivered to the Owner.

**Agree** that all statements and answers in this application are complete and true to the best of my knowledge and belief and are the basis for any policy issued by the Company and agree that no information shall be deemed to have been given to the Company unless it is set forth in this application or in any supplemental application.

**Agree** that, except as stated in any Conditional Receipt, if such Conditional Receipt was given to me as a result of this application, the insurance will take effect on the Policy Date shown in the Policy if (a) the Policy has been delivered to me; (b) the first full modal premium for the Issued Policy has been paid while each proposed insured is alive; and (c) there has been no change in the health of any proposed insured that would change the answer to any question in this or any supplemental application before the conditions in items (a) and (b) above are met.

**Agree** that no agent of the Company or Medical Examiner has authority to waive any answer or otherwise modify this or any supplemental application or to bind the Company in any way by making any promise or representation which is not set out in writing in this application.

**Authorize:** (a) the Company to obtain an investigative consumer report on me; (b) any consumer reporting agency, employer, the Medical Information Bureau ("MIB"), and any governmental or other entity possessing non-health-related information concerning me to disclose such information to the Company, its reinsurers, and its legal representative. Any data obtained will be used by the Company to determine eligibility for insurance and will not be released by the Company to any person or organization, except to the Company's reinsurers, the MIB, other companies to whom I have applied or may apply for insurance coverage, other persons or organizations who perform business or legal services in connection with my application, and any entity to which release of such data is required by law. I know that I or my authorized representative may request to receive a copy of this Authorization. I agree that a facsimile of this Authorization shall be as valid as the original and that this Authorization shall be valid for the purpose of collecting information in connection with a claim for: (1) two and one-half years from the date shown below for the purpose of collecting information in connection with an application for insurance, (2) the term of coverage of the applied-for insurance policy, and (3) the duration of a claim for benefits.

**ACKNOWLEDGE** receipt of the following notices: (a) "Notice of Information Practices" required by Public Law 91-508 and other information practices statutes; (b) MIB Pre-Notice; and (c) Investigative Consumer Report.

**NOTICE: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.**

**NOTICE: Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.**

**PRIMARY PROPOSED INSURED** - If an investigative consumer report is prepared in connection with this application:

☒ I elect to be interviewed. ☐ I elect NOT to be interviewed.

**ADDITIONAL PROPOSED INSURED** - If an investigative consumer report is prepared in connection with this application:

☒ I elect to be interviewed. ☐ I elect NOT to be interviewed.

AGENT - To the best of your knowledge, is the insurance applied for intended to replace any existing insurance? ☐ Yes (Explain) ☒ No

Signed at Little Rock AR June 1, 2011 X John Doe  
City State Date SIGNATURE OF PRIMARY PROPOSED INSURED

X \_\_\_\_\_ X \_\_\_\_\_  
SIGNATURE OF ADDITIONAL PROPOSED INSURED SIGNATURE OF OWNER  
(IF APPLICABLE) (IF OTHER THAN PRIMARY PROPOSED INSURED)

X \_\_\_\_\_ X Sally Shield  
SIGNATURE OF WITNESS (IF APPLICABLE) SIGNATURE OF LICENSED AGENT

### MIB PRE-NOTICE

Information regarding your insurability will be treated as confidential. American General Life and Accident Insurance Company, or its reinsurer(s) may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866 346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

American General Life and Accident Insurance Company, or its reinsurer(s), may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).

AGLA1000 MIB (1004)

### (NOT TO BE COMPLETED FOR PAYROLL DEDUCTION MODES) CONDITIONAL RECEIPT FOR PREMIUM DEPOSIT

This Receipt is Valuable. Keep It in a Safe Place.

On this date, American General Life and Accident Insurance Company ("the Company") has received \$ 67.33 for life insurance applied for on John Doe. We agree to provide temporary insurance if (a) this deposit is equal to at least

(Primary or Additional Proposed Insured)

one twelfth (1/12) of the annual premium for the policy applied for and (b) all persons for whom application is made are insurable in the opinion of the Company's authorized underwriters in Nashville, Tennessee for the plan, insurance amount, and premium applied for on the date of this premium deposit and on the date of any required medical examination.

ANY TEMPORARY INSURANCE UNDER THIS CONDITIONAL RECEIPT IS SUBJECT TO THE AMOUNT AND TERMS OF THE POLICY APPLIED FOR EXCEPT THAT THE AGGREGATE LIABILITY FOR TEMPORARY INSURANCE FOR EACH PROPOSED INSURED UNDER THIS CONDITIONAL RECEIPT AND UNDER CONDITIONAL RECEIPT FOR ANY ADDITIONAL, PENDING APPLICATION FOR OTHER LIFE, ACCIDENT AND/OR HEALTH INSURANCE COVERAGE FROM THE COMPANY WILL BE THE AMOUNT OF COVERAGE APPLIED FOR OR \$250,000.00, WHICHEVER IS LESS. IF TEMPORARY INSURANCE EXISTS UNDER THIS CONDITIONAL RECEIPT, IT WILL END UPON DELIVERY OF A POLICY OR 60 DAYS AFTER THE DATE OF THIS RECEIPT, IF EARLIER.

No agent has authority to change or waive the terms and conditions of this Receipt. This receipt is not valid if its date differs from that in the application or if any check tendered as a premium deposit shown above is not honored when presented for payment.

June 1, 2011      123      4567      Sally Shield  
Date      Local Office      Agency No.      Signature of Licensed Agent

**ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE COMPANY. DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.**

AGLA1000-AR REV0611 CR

### (NOT TO BE COMPLETED FOR PAYROLL DEDUCTION MODES) CONDITIONAL RECEIPT FOR PREMIUM DEPOSIT

This Receipt is Valuable. Keep It in a Safe Place.

On this date, American General Life and Accident Insurance Company ("the Company") has received \$ \_\_\_\_\_ for life insurance applied for on \_\_\_\_\_. We agree to provide temporary insurance if (a) this deposit is equal to at least

(Primary or Additional Proposed Insured)

one twelfth (1/12) of the annual premium for the policy applied for and (b) all persons for whom application is made are insurable in the opinion of the Company's authorized underwriters in Nashville, Tennessee for the plan, insurance amount, and premium applied for on the date of this premium deposit and on the date of any required medical examination.

ANY TEMPORARY INSURANCE UNDER THIS CONDITIONAL RECEIPT IS SUBJECT TO THE AMOUNT AND TERMS OF THE POLICY APPLIED FOR EXCEPT THAT THE AGGREGATE LIABILITY FOR TEMPORARY INSURANCE FOR EACH PROPOSED INSURED UNDER THIS CONDITIONAL RECEIPT AND UNDER CONDITIONAL RECEIPT FOR ANY ADDITIONAL, PENDING APPLICATION FOR OTHER LIFE, ACCIDENT AND/OR HEALTH INSURANCE COVERAGE FROM THE COMPANY WILL BE THE AMOUNT OF COVERAGE APPLIED FOR OR \$250,000.00, WHICHEVER IS LESS. IF TEMPORARY INSURANCE EXISTS UNDER THIS CONDITIONAL RECEIPT, IT WILL END UPON DELIVERY OF A POLICY OR 60 DAYS AFTER THE DATE OF THIS RECEIPT, IF EARLIER.

No agent has authority to change or waive the terms and conditions of this Receipt. This receipt is not valid if its date differs from that in the application or if any check tendered as a premium deposit shown above is not honored when presented for payment.

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Date      Local Office      Agency No.      Signature of Licensed Agent

**ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE COMPANY. DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.**

AGLA1000-AR REV0611 CR

### MIB PRE-NOTICE

Information regarding your insurability will be treated as confidential. American General Life and Accident Insurance Company, or its reinsurer(s) may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866 346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

American General Life and Accident Insurance Company, or its reinsurer(s), may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).

AGLA1000 MIB (1004)

AGLA1000-AR REV0611



## NOTICE OF INFORMATION PRACTICES

American General Life and Accident Insurance Company wishes to notify you that in processing your application for insurance, a Consumer Investigative Report may be prepared as to the character, general reputation, personal characteristics and/or mode of living of any person to be insured. The information for this report will be obtained through personal interviews with your friends, neighbors and acquaintances.

You have the right to make a written request within a reasonable time period to receive additional information about the nature and scope of this investigation.

(Printed in compliance with Public Law 91-508 and certain privacy protection statutes)

AGLA1000 NIP (1004)

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## NOTICE TO HOLDER OF CONDITIONAL RECEIPT

This Receipt is Valuable. Do Not Destroy or Lose.

We will refund the premium deposit if we:

- (a) decline to issue insurance; or
- (b) issue a policy other than as applied for and you do not accept it.

If you do not receive a policy within 60 days from the date of deposit, return this Receipt for refund to our Local Office or to our Home Office, American General Center, Nashville, TN 37250-0001.

AGLA1000-AR REV0611 CR

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## NOTICE TO HOLDER OF CONDITIONAL RECEIPT

This Receipt is Valuable. Do Not Destroy or Lose.

We will refund the premium deposit if we:

- (a) decline to issue insurance; or
- (b) issue a policy other than as applied for and you do not accept it.

If you do not receive a policy within 60 days from the date of deposit, return this Receipt for refund to our Local Office or to our Home Office, American General Center, Nashville, TN 37250-0001.

AGLA1000-AR REV0611 CR

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## NOTICE OF INFORMATION PRACTICES

American General Life and Accident Insurance Company wishes to notify you that in processing your application for insurance, a Consumer Investigative Report may be prepared as to the character, general reputation, personal characteristics and/or mode of living of any person to be insured. The information for this report will be obtained through personal interviews with your friends, neighbors and acquaintances.

You have the right to make a written request within a reasonable time period to receive additional information about the nature and scope of this investigation.

(Printed in compliance with Public Law 91-508 and certain privacy protection statutes)

AGLA1000 NIP (1004)

AGLA1000-AR REV0611



(NOT TO BE COMPLETED FOR PAYROLL DEDUCTION MODES) CONDITIONAL RECEIPT FOR PREMIUM DEPOSIT

This Receipt is Valuable. Keep It in a Safe Place.

On this date, American General Life and Accident Insurance Company ("the Company") has received \$ 67.33 for life insurance applied for on John Doe. We agree to provide temporary insurance if (a) this deposit is equal to at least

(Primary or Additional Proposed Insured)

one twelfth (1/12) of the annual premium for the policy applied for and (b) all persons for whom application is made are insurable in the opinion of the Company's authorized underwriters in Nashville, Tennessee for the plan, insurance amount, and premium applied for on the date of this premium deposit and on the date of any required medical examination.

ANY TEMPORARY INSURANCE UNDER THIS CONDITIONAL RECEIPT IS SUBJECT TO THE AMOUNT AND TERMS OF THE POLICY APPLIED FOR EXCEPT THAT THE AGGREGATE LIABILITY FOR TEMPORARY INSURANCE FOR EACH PROPOSED INSURED UNDER THIS CONDITIONAL RECEIPT AND UNDER CONDITIONAL RECEIPT FOR ANY ADDITIONAL, PENDING APPLICATION FOR OTHER LIFE, ACCIDENT AND/OR HEALTH INSURANCE COVERAGE FROM THE COMPANY WILL BE THE AMOUNT OF COVERAGE APPLIED FOR OR \$250,000.00, WHICHEVER IS LESS. IF TEMPORARY INSURANCE EXISTS UNDER THIS CONDITIONAL RECEIPT, IT WILL END UPON DELIVERY OF A POLICY OR 60 DAYS AFTER THE DATE OF THIS RECEIPT, IF EARLIER.

No agent has authority to change or waive the terms and conditions of this Receipt. This receipt is not valid if its date differs from that in the application or if any check tendered as a premium deposit shown above is not honored when presented for payment.

June 30, 2011      AR01      123456      Sally Shield  
Date      Local Office      Agency No.      Signature of Licensed Agent

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE COMPANY. DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

AGLA1000-AR REV0611 CR

NOTICE TO HOLDER OF CONDITIONAL RECEIPT

This Receipt is Valuable. Do Not Destroy or Lose.

We will refund the premium deposit if we:

(a) decline to issue insurance; or

(b) issue a policy other than as applied for and you do not accept it.

If you do not receive a policy within 60 days from the date of deposit, return this Receipt for refund to our Local Office or to our Home Office, American General Center, Nashville, TN 37250-0001.

AGLA1000-AR REV0611 CR

SERFF Tracking Number: AGLA-127301366 State: Arkansas  
 Filing Company: American General Life and Accident Insurance State Tracking Number: 49207  
 Company  
 Company Tracking Number: AGLA 11IUL, ETAL  
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
 Adjustable Life  
 Product Name: AGLA 11IUL, etal  
 Project Name/Number: AGLA 11IUL, etal/AGLA 11IUL

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachments:</b>		
ARCert5.pdf		
AGLA120Z49 REV0807.pdf		
ARCERT2.pdf		
87-1.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Application		
<b>Comments:</b>		
The application to be used with the policy submitted is also being submitted. Please see the Form Schedule Tab.		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Health - Actuarial Justification		
<b>Comments:</b>		
<b>Attachment:</b>		
ActuarialMemo(AGLA 11IUL).pdf		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Outline of Coverage		
<b>Bypass Reason:</b> This is a life filing.		
<b>Comments:</b>		

	Item Status:	Status
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SERFF Tracking Number: AGLA-127301366 State: Arkansas  
Filing Company: American General Life and Accident Insurance Company State Tracking Number: 49207  
Company Tracking Number: AGLA 11IUL, ETAL  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: AGLA 11IUL, etal  
Project Name/Number: AGLA 11IUL, etal/AGLA 11IUL

Date:

**Satisfied - Item:** Sample Annual Statement

**Comments:**

**Attachment:**

Sample Annual Statement\_Form AGLA 11IUL.pdf

Item Status:

Status

Date:

**Satisfied - Item:** Sample Statement of Policy Cost  
and Benefit Information

**Comments:**

**Attachment:**

Sample Cost Summary\_Form AGLA 11IUL.pdf

Item Status:

Status

Date:

**Satisfied - Item:** Sample Policy Schedules showing  
Table Ratings

**Comments:**

**Attachment:**

AGLA 11UL Rated.pdf

Item Status:

Status

Date:

**Satisfied - Item:** Statements of Variability

**Comments:**

**Attachments:**

statement of variability for IUL Policy 3.pdf

statement of variability for AGLA1000 (0611).pdf

Item Status:

Status

Date:

**Satisfied - Item:** Certifications Required for External-





American General Life and Accident Insurance Company

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

ARKANSAS CERTIFICATION

Subject: AGLA 11IUL	Flexible Premium Adjustable Life Insurance Policy with Index-Linked Interest
AGLA 11IUL M	Insert Page 20/21 for Males – Table of Guaranteed Monthly Cost Of Insurance Rates Per \$1,000 of Net Amount at Risk
AGLA 11IUL F	Insert Page 20/21 for Females – Table of Guaranteed Monthly Cost Of Insurance Rates Per \$1,000 of Net Amount at Risk
AGLA PRIIR	Participation Rate Index Interest Account Rider
AGLA ICIIAR	Index Cap Index Interest Account Rider

This is to certify that the above form, to the best of my knowledge and belief, meets the provision of Arkansas Rule and Regulation 19 as well as all applicable requirements of the State of Arkansas Department of Insurance.

A handwritten signature in cursive script that reads "Grace D. Harvey".

Grace D. Harvey, ASA, MAAA  
Vice President and Actuary

DATE: June 30, 2011

## **LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well-managed and financially stable.

### **DISCLAIMER**

**The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.**

**Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.**

**Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.**

**The Arkansas Life and Health Insurance Guaranty Association  
c/o The Liquidation Division  
1023 West Capitol  
Little Rock, Arkansas 72201**

**Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904**

(please turn to back of page)

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

## **COVERAGE**

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract, issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

## **EXCLUSIONS FROM COVERAGE**

However, persons owning such policies are **NOT** protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does **NOT** provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals).
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

## LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

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### **American General Life and Accident Insurance Company**

*A member company of American International Group, Inc.*  
American General Center • Nashville, Tennessee 37250-0001







American General Life and Accident Insurance Company

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

ARKANSAS CERTIFICATION

Subject: AGLA 11IUL	Flexible Premium Adjustable Life Insurance
	Policy with Index-Linked Interest
AGLA 11IUL M	Insert Page 20/21 for Males – Table of
	Guaranteed Monthly Cost Of Insurance
	Rates Per \$1,000 of Net Amount at Risk
AGLA 11IUL F	Insert Page 20/21 for Females – Table of
	Guaranteed Monthly Cost Of Insurance
	Rates Per \$1,000 of Net Amount at Risk
AGLA PRIIAR	Participation Rate Index Interest Account
	Rider
AGLA ICIAR	Index Cap Index Interest Account Rider
AGLA1000 REV 0611	Application for Life Insurance
AGLA1000 REV 0611 CR	Conditional Receipt for Premium Deposit

This is to certify that, to the best of my knowledge and belief, the above form complies with the requirements of Ark. Stat. Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

A handwritten signature in blue ink that reads "Grace D. Harvey".

Grace D. Harvey, ASA, MAAA  
Vice President and Actuary

DATE: June 30, 2011

**AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY**

A Member Company of American International Group, Inc.

American General Center • Nashville, Tennessee 37250-0001

(615) 749-1523

Service for the attached policy will be provided by:

The Arkansas Department of Insurance has requested we provide you with the addresses and telephone numbers, as follow:

Customer Services  
American General Life and Accident Insurance Company  
American General Center - 305N  
Nashville, Tennessee 37250  
PH: 1-800-888-2452

State of Arkansas  
Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904  
PH: 1-800-852-5494

**American General Life and Accident Insurance Company**  
 AGLAChoice Index Plus Annual Statement (Beginning June 12, 2012 and Ending June 11, 2013)

**Policy Owner:** Jane Doe  
**Policy Insured:** John Doe  
**Issue Date:** June 12, 2011

**Policy Number:** 123458789  
**Death Benefit:** 100,000.00 (as of 06/11/2013)  
**Issue Age:** 35

This statement is an annual summary of your policy values. Thank you for the opportunity to continue to serve your insurance needs. If you have any questions, contact your sales representative, Mark Smith, at 615-888-8888.

**Account Summary for Year Ending June 11, 2013**

	Beginning Balance	Ending Balance	Change in Value
<b>Account/Accumulation Value:</b>	\$354.23	\$736.92	\$382.69
<b>Cash Surrender Value:</b>	\$0.00	\$0.00	\$0.00

**Account Details for Year Ending June 11, 2013**

	Account/ Accumulation Value	Net Cash Surrender Value <sup>1</sup>	Premiums Paid (+)	Cost of Insurance (-)	Additional Fees and Charges <sup>2</sup>	Cost of Riders <sup>3</sup> (-)	Interest Credited <sup>4</sup> (+)	Partial Withdrawal <sup>5</sup>
<i>Beginning Balance:</i>	\$354.23	\$0.00						
<b>July</b>	1,067.32	0.00	807.96	1.97	94.30	0.00	1.40	0.00
<b>August</b>	1,032.93	0.00	0.00	1.97	33.70	0.00	1.28	0.00
<b>September</b>	998.41	0.00	0.00	1.97	33.70	0.00	1.15	0.00
<b>October</b>	963.75	0.00	0.00	1.98	33.70	0.00	1.02	0.00
<b>November</b>	928.96	0.00	0.00	1.98	33.70	0.00	0.89	0.00
<b>December</b>	894.04	0.00	0.00	1.98	33.70	0.00	0.76	0.00
<b>January</b>	859.00	0.00	0.00	1.98	33.70	0.00	0.64	0.00
<b>February</b>	823.83	0.00	0.00	1.98	33.70	0.00	0.51	0.00
<b>March</b>	788.53	0.00	0.00	1.98	33.70	0.00	0.38	0.00
<b>April</b>	753.10	0.00	0.00	1.98	33.70	0.00	0.25	0.00
<b>May</b>	717.56	0.00	0.00	1.98	33.70	0.00	0.14	0.00
<b>June</b>	736.92	0.00	0.00	1.98	33.70	0.00	55.04	0.00
<i>Ending Balance:</i>	736.92	0.00	807.96	23.73	465.00	0.00	63.46	0.00

**American General Life and Accident Insurance Company**  
AGLChoice Index Plus Annual Statement (Beginning June 12, 2012 and Ending June 11, 2013)

**EXPLANATION OF INTEREST CREDITED**

The Guaranteed Interest Rates for the interest crediting accounts are: Declared Interest Account – 3.00%; Interim Account -3.00%; Index Cap Account – 0.25%; Participation Rate Account – 0.25%. Additional Interest may be credited to the Declared Interest and Interim Accounts. Index Interest is based in part on the percentage change in the S&P 500® over the applicable Index Interest Account Duration Period. The S&P 500® value on June 12, 2013 was 10,000.00. Index Interest is credited at the end of an Index Interest Account's Duration Period. Refer to the policy for interest crediting details. See page 1 of this statement for total interest credited.

**Additional Interest.** Additional Interest means interest in excess of interest credited at the Guaranteed Interest Rate that may, at the Company's option, be applied monthly to the Declared Interest and Interim Accounts. Net Premiums and loan repayments designated to receive Additional Interest will be placed in the Declared Interest Account. Net Premiums and loan repayments that are designated to receive Index Interest and are received between Allocation Days will be placed in the Interim Account and will be eligible to receive Additional Interest until the next Allocation Day. Interest at a different rate may be credited to any Accumulation Value offset by a policy loan. The interest rates currently used to calculate the amount of interest for the Declared Interest and Interim Accounts are shown on page 4 of this statement.

**Index Interest.** The term "Index Interest" means the amount of interest credited at the end of each Index Interest Account Duration Period and does not mean Additional Interest or Guaranteed Interest. Net Premiums and loan repayments received on an Allocation Day that are designated to receive Index Interest will be placed in an Index Interest Account and will be eligible for Index Interest. Net Premiums and loan repayments that are designated to receive Index Interest and are received between Allocation Days will be placed in the Interim Account. Amounts in the Interim Account will be eligible to receive Additional Interest until the next Allocation Day when a new Index Interest Account will then be established. Index Interest, if any, will be credited at the end of an Index Interest Account's Duration Period.

**Account Values for Year Ending June 11, 2013**

	Index Cap Account	Participation Rate Account	Declared Interest Account	Interim Account
<b>Beginning Account Value</b>	\$176.08	\$178.15	\$0.00	\$0.00
<b>Plus Net Premiums</b>	\$186.84	\$186.84	\$373.68	\$0.00
<b>Plus Loan Repayment*</b>	\$0.00	\$0.00	\$0.00	\$0.00
<b>Plus Transfers into Account</b>	\$0.00	\$0.00	\$0.00	\$0.00
<b>Less Monthly Deduction**</b>	\$23.82	\$23.95	\$380.36	\$0.00
<b>Less Withdrawals</b>	\$0.00	\$0.00	\$0.00	\$0.00
<b>Less Transfers out of Account</b>	\$0.00	\$0.00	\$0.00	\$0.00
<b>Less New Loans***</b>	\$0.00	\$0.00	\$0.00	\$0.00
<b>Plus Interest</b>	\$26.32	\$30.46	\$6.68	\$0.00
<b>Ending Account Value</b>	\$365.42	\$371.50	\$0.00	\$0.00

\* A negative amount in the Declared Interest Account represents the portion of the amount of the loan repayment being placed in the Index Interest Accounts.

\*\* "Less Monthly Deduction" includes all monthly Charges.

\*\*\* Includes the portion of the Accumulation Value which equals the amount of the new policy loans transferred from Index Funds.

**American General Life and Accident Insurance Company**  
AGLChoice Index Plus Annual Statement (Beginning June 12, 2012 and Ending June 11, 2013)

As of June 12, 2013, your premium allocation percentages are:

Index Cap Account - 25%

Participation Rate Account - 25%

Declared Interest Account - 50%.

To make changes to these premium allocation percentages, please contact your Agent or our Home Office to obtain the necessary form. If no change request is received, premium allocation percentages will remain the same.

**DISCLAIMER**

The Flexible Premium Adjustable Life Insurance Policy with Index-Linked Interest (AGLChoice® *Index Plus*) is not sponsored, endorsed, sold or promoted by Standard & Poor's ("S&P") or its third party licensors. Neither S&P nor its third party licensors make any representation or warranty, express or implied, to the owners of the Rider or any member of the public regarding the advisability of investing in securities generally or in the Flexible Premium Adjustable Life Insurance Policy with Index-Linked Interest particularly or the ability of the S&P 500 (the "Index") to track general stock market performance. S&P's and its third party licensor's only relationship to American General Life and Accident Insurance Company is the licensing of certain trademarks and trade names of S&P and the third party licensors and of the Index which is determined, composed and calculated by S&P or its third party licensors without regard to American General Life and Accident Insurance Company or the Rider.

S&P and its third party licensors have no obligation to take the needs of American General Life and Accident Insurance Company or the owners of the Flexible Premium Adjustable Life Insurance Policy with Index-Linked Interest into consideration in determining, composing or calculating the Index. Neither S&P nor its third party licensors is responsible for and has not participated in the determination of the prices and amount of the Rider or the timing of the issuance or sale of the Flexible Premium Adjustable Life Insurance Policy with Index-Linked Interest or in the determination or calculation of the equation by which the Rider is to be converted into cash. S&P has no obligation or liability in connection with the administration, marketing or trading of the Flexible Premium Adjustable Life Insurance Policy with Index-Linked Interest.

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**American General Life and Accident Insurance Company**  
AGLChoice Index Plus Annual Statement (Beginning June 12, 2012 and Ending June 11, 2013)

The following footnotes pertain to the account detail.

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<sup>1</sup> Net Cash Surrender Value is equal to account value less any applicable surrender charges and any outstanding loan balance.

<sup>2</sup> Additional fees and charges vary by product. Please reference your policy for details regarding applicable fees and charges.

<sup>3</sup> See the policy for details concerning riders.

<sup>4</sup> The current Declared Interest crediting rate on monies received on 06/12/2013 is 4.50%.

*If no additional premiums are paid, this policy will terminate on 1) June 12, 2013, based on the guaranteed interest rate 2) June 12, 2013 based on the current interest rate.*

Important Policy Owner Notice: You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, such an illustration by calling [1-800-888-AGLA], writing to American General Life and Accident Insurance Company at American General Center, Nashville, TN 37250, or contacting your agent. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

**STATEMENT OF POLICY COST AND BENEFIT INFORMATION****American General Life and Accident Insurance Company**

*A subsidiary of American International Group, Inc.  
American General Center  
Nashville, Tennessee 37250-0001*

DATE PREPARED – 06/12/2011

DISTRICT CODE – TN01  
DISTRICT NAME – NASHVILLE  
DISTRICT ADDR – 123 4TH STREET  
NASHVILLE TN 37250

AGENCY CODE – 0101  
AGENT NAME – MARK SMITH

PREPARE FOR – JOHN DOE  
PREMIUM CLASS – STANDARD – NO TOBACCO

AGE–SEX – 35–MALE  
DEATH BENEFIT OPTION – A

PLAN – FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY WITH INDEX-LINKED INTEREST. DEATH BENEFIT PROCEEDS PAYABLE AT DEATH PRIOR TO AGE 121. FLEXIBLE PREMIUMS PAYABLE DURING THE LIFETIME OF THE INSURED UNTIL AGE 121. NON-PARTICIPATING.

POLICY LOAN INTEREST RATE – 8.00% IN ARREARS

POLICY YEAR	ANNUALIZED PREMIUM*	BEGINNING OF YR DEATH BENEFIT			END OF YR ACCUMULATION VALUE			END OF YEAR CASH VALUE		
		(A)	(B)	(C)	(A)	(B)	(C)	(A)	(B)	(C)
1	807.96	100,000	100,000	100,000	354	297	240	0	0	0
2	807.96	100,000	100,000	100,000	737	605	481	0	0	0
3	807.96	100,000	100,000	100,000	1,148	919	711	0	0	0
4	807.96	100,000	100,000	100,000	1,590	1,240	930	0	0	0
5	807.96	100,000	100,000	100,000	2,040	1,563	1,150	9	0	0
6	807.96	100,000	100,000	100,000	2,525	1,891	1,359	521	0	0
7	807.96	100,000	100,000	100,000	3,048	2,226	1,557	1,073	251	0
8	807.96	100,000	100,000	100,000	3,609	2,563	1,732	1,663	617	0
9	807.96	100,000	100,000	100,000	4,213	2,908	1,896	2,297	992	0
10	807.96	100,000	100,000	100,000	4,840	3,244	2,037	2,954	1,358	151
11	807.96	100,000	100,000	100,000	5,824	3,894	2,471	4,315	2,385	962
12	807.96	100,000	100,000	100,000	6,862	4,552	2,885	5,730	3,420	1,753
13	807.96	100,000	100,000	100,000	7,963	5,225	3,290	7,209	4,471	2,536
14	807.96	100,000	100,000	100,000	9,131	5,909	3,674	8,754	5,532	3,297
15	807.96	100,000	100,000	100,000	10,384	6,614	4,050	10,384	6,614	4,050
16	807.96	100,000	100,000	100,000	11,714	7,332	4,403	11,714	7,332	4,403
17	807.96	100,000	100,000	100,000	13,132	8,059	4,724	13,132	8,059	4,724
18	807.96	100,000	100,000	100,000	14,639	8,793	5,010	14,639	8,793	5,010
19	807.96	100,000	100,000	100,000	16,249	9,529	5,252	16,249	9,529	5,252
20	807.96	100,000	100,000	100,000	17,954	10,259	5,439	17,954	10,259	5,439
AGE 65	807.96	100,000	100,000	100,000	42,934	16,853	3,130	42,934	16,853	3,130

\* PLANNED PERIODIC PREMIUM (INCLUDING RIDERS) \$807.96 PAID ANNUALLY.

(A) CURRENT BASIS VALUES (B) INTERMEDIATE BASIS VALUES (C) GUARANTEED BASIS VALUES

PLEASE SEE THE NEXT PAGE FOR ADDITIONAL DETAILS.

BASED ON GUARANTEED VALUES, POLICY TERMINATES DURING POLICY YEAR 33, UNLESS A HIGHER PREMIUM IS PAID.

BASED ON PROJECTED VALUES, POLICY MATURES AT AGE 121.

CONTINUED ON BACK

**AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY**  
**AMERICAN GENERAL CENTER**  
**NASHVILLE, TENNESSEE 37250-0001**

**STATEMENT OF POLICY COST AND BENEFIT INFORMATION (CONTINUED)**

DATE PREPARED – 06/12/2011

DATE PREPARED – 03/12/2011				
	DISTRICT CODE – TN01 DISTRICT NAME – NASHVILLE DISTRICT ADDR – 123 4TH STREET NASHVILLE TN 37250		AGENCY CODE – 0101 AGENT NAME – MARK SMITH	
	PREPARE FOR – JOHN DOE PREMIUM CLASS – STANDARD – NO TOBACCO		AGE–SEX – 35–MALE DEATH BENEFIT OPTION – A	
	NET PAYMENT COST INDEX		SURRENDER COST INDEX	
	PROJECTED ----GUARANTEED		PROJECTED ----GUARANTEED	
YEAR 10	7.4736	7.4736	5.237	7.359
YEAR 20	7.4736	7.4736	2.302	5.907

EXPLANATIONS OF INTENDED USE OF THESE INDEXES ARE PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE.

MINIMUM FIRST YEAR ANNUALIZED PREMIUM (EXCLUDING RIDERS) IS \$807.96.

(A) THE CURRENT BASIS VALUES REFLECT THE CURRENT EXPENSE AND COST OF INSURANCE CHARGES AND THE CURRENT NON-GUARANTEED INTEREST RATE FOR EACH ACCOUNT. THESE CHARGES AND RATES ARE NOT GUARANTEED AND ARE SUBJECT TO CHANGE. (B) THE INTERMEDIATE BASIS VALUES REFLECT THE AVERAGE OF THE CURRENT AND GUARANTEED EXPENSE AND COST OF INSURANCE CHARGES AND THE AVERAGE OF THE CURRENT NON-GUARANTEED AND GUARANTEED INTEREST RATE FOR EACH ACCOUNT. (C) THE GUARANTEED BASIS VALUES REFLECT THE GUARANTEED EXPENSE AND COST OF INSURANCE CHARGES AND THE GUARANTEED INTEREST RATE FOR EACH ACCOUNT.

THE VALUES SHOWN ARE CALCULATED ASSUMING THE PREMIUM ALLOCATION PERCENTAGES SHOWN BELOW. THE VALUES SHOWN ASSUME THAT INTEREST IS CREDITED TO EACH ACCOUNT AS DESCRIBED IN THE POLICY ASSUMING THE FOLLOWING ANNUAL EFFECTIVE INTEREST RATES:

TYPE OF ACCOUNT	PREMIUM ALLOCATION PERCENTAGE	CURRENT NON-GUARANTEED INTEREST RATE	INTERMEDIATE NON- GUARANTEED INTEREST RATE	GUARANTEED INTEREST RATE
DECLARED INTEREST ACCOUNT	50%	4.50%	3.75%	3.00%
INDEX CAP ACCOUNT	25%	7.00%	3.63%	0.25%
PARTICIPATION RATE ACCOUNT	25%	8.10%	4.18%	0.25%

THIS DISCLOSURE IS FOR YOUR PROTECTION. IT PROVIDES BASIC INFORMATION ABOUT THE COST AND COVERAGE OF THIS POLICY.  
 READ IT CAREFULLY. IT IS NOT AN OFFER TO CONTRACT AND DOES NOT ALTER OR MODIFY ANY POLICY OR RIDER.

AT ANY TIME DURING THE FIRST SEVEN YEARS OF THE CONTRACT OR AT ANY TIME DURING THE FIRST SEVEN YEARS AFTER A MATERIAL CHANGE, IF THE SUM OF PREMIUMS PAID EXCEEDS THE AMOUNT ALLOWED UNDER THE TECHNICAL AND MISCELLANEOUS REVENUE ACT OF 1988, THE POLICY IS CONSIDERED TO HAVE BECOME A MODIFIED ENDOWMENT CONTRACT (MEC). A DISTRIBUTION (INCLUDING BUT NOT LIMITED TO A LOAN) FROM AN MEC WILL BE TAXED ON AN INCOME-FIRST BASIS. THE TAXABLE PORTION OF A DISTRIBUTION PRIOR TO AGE 59 ½ MAY BE SUBJECT TO AN ADDITIONAL 10% PENALTY TAX BY THE INTERNAL REVENUE SERVICE.



The Flexible Premium Adjustable Life Insurance Policy with Index-Linked Interest (AGLAchoice<sup>®</sup> *Index Plus*) is not sponsored, endorsed, sold or promoted by Standard & Poor's ("S&P") or its third party licensors. Neither S&P nor its third party licensors make any representation or warranty, express or implied, to the owners of the Rider or any member of the public regarding the advisability of investing in securities generally or in the Flexible Premium Adjustable Life Insurance Policy with Index-Linked Interest particularly or the ability of the S&P 500 (the "Index") to track general stock market performance. S&P's and its third party licensor's only relationship to American General Life and Accident Insurance Company is the licensing of certain trademarks and trade names of S&P and the third party licensors and of the Index which is determined, composed and calculated by S&P or its third party licensors without regard to American General Life and Accident Insurance Company or the Rider.

S&P and its third party licensors have no obligation to take the needs of American General Life and Accident Insurance Company or the owners of the Flexible Premium Adjustable Life Insurance Policy with Index-Linked Interest into consideration in determining, composing or calculating the Index. Neither S&P nor its third party licensors is responsible for and has not participated in the determination of the prices and amount of the Rider or the timing of the issuance or sale of the Flexible Premium Adjustable Life Insurance Policy with Index-Linked Interest or in the determination or calculation of the equation by which the Rider is to be converted into cash. S&P has no obligation or liability in connection with the administration, marketing or trading of the Flexible Premium Adjustable Life Insurance Policy with Index-Linked Interest.

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**STATEMENT OF POLICY COST AND BENEFIT INFORMATION**

DATE PREPARED – 06/12/2011

DISTRICT CODE – TN01

AGENCY CODE – 0101

DISTRICT NAME – NASHVILLE

AGENT NAME – MARK SMITH

DISTRICT ADDR – 123 4TH STREET

NASHVILLE TN 37250

PREPARED FOR – JOHN DOE

AGE–SEX – 35–MALE

PREMIUM CLASS – STANDARD – NO TOBACCO

**INDEX CAP INDEX INTEREST ACCOUNT RIDER**

THIS RIDER IS AUTOMATICALLY ATTACHED TO THE POLICY ON THE DATE OF ISSUE. IT ALLOWS FOR THE ADDITION OF INDEX CAP ACCOUNTS TO THE POLICY. AN INDEX CAP ACCOUNT ALLOWS FOR INDEX INTEREST TO BE CREDITED TO THE ACCUMULATION VALUE OF THE POLICY AS DESCRIBED IN THE RIDER.

THERE IS NO PREMIUM CHARGE FOR THIS RIDER.

**PARTICIPATION RATE INDEX INTEREST ACCOUNT RIDER**

THIS RIDER IS AUTOMATICALLY ATTACHED TO THE POLICY ON THE DATE OF ISSUE. IT ALLOWS FOR THE ADDITION OF PARTICIPATION RATE ACCOUNTS TO THE POLICY. A PARTICIPATION RATE ACCOUNT ALLOWS FOR INDEX INTEREST TO BE CREDITED TO THE ACCUMULATION VALUE OF THE POLICY AS DESCRIBED IN THE RIDER.

THERE IS NO PREMIUM CHARGE FOR THIS RIDER.

## POLICY SCHEDULE

## Schedule of Benefits

<b>BASIC POLICY</b>	<b>Years Payable</b>	<b>Monthly Cost of Insurance</b>
Flexible Premium Adjustable Life Insurance With Index-Linked Interest	[86]	See Page 20
* The rates shown on Page 20 are to be modified, as follows:		
-- multiply by 1.50 for all policy years		
<b>ADDITIONAL BENEFITS provided by Riders</b>		
[Participation Rate Index Interest Account Rider] Effective Date – [June 12, 2011]	--	\$0
[Index Cap Index Interest Account Rider] Effective Date – [June 12, 2011]	--	\$0

Schedule of Premiums  
& Expense Charges

<b>Premium Class</b>	-	[Rated B – Non-Tobacco]
<b>Initial Premium</b>	-	[\$927.96]
<b>Planned Periodic Premium</b>	-	[\$927.96]
<b>Due Date (for Planned Periodic Premium)</b>	-	[12 <sup>th</sup> Day of Each June]
<b>Deduction Day</b>	-	[12 <sup>th</sup> Day of Each Month]
<b>Allocation Day</b>	-	[12 <sup>th</sup> Day of Each Month]
<b>Minimum Monthly Premium</b>	-	[\$77.33]
<b>Minimum Monthly Premium Period</b>	-	[14] Years
<b>Premium Expense Charge Percentage</b>	-	<b>Guaranteed</b> 7.50% <b>Initial</b> [7.50%]
<b>Monthly Administration Fee</b>	-	\$7.70 [7.70]
<b>Monthly Expense Charge Rate</b>		
<b>Per \$1,000 of Initial Specified Amount</b>		
<b>Years [1 – 10]</b>	-	[\$0.26] [\$0.26]
<b>Years [11 and Later]</b>	-	\$0.00 \$0.00

## Increases and Decreases in Specified Amount

<b>Minimum Specified Amount</b>	-	[\$50,000]
<b>Minimum Increase Amount</b>	-	\$10,000

# POLICY SCHEDULE

(Continued)

<b>Surrenders</b>
-------------------

**Partial Surrender Charge** - \$25  
**Surrender Charge Period** - [14] Years

<b>Table of Surrender Charges per \$1,000 of Initial Specified Amount</b>
---

Year of Surrender	Surrender Charge per \$1,000	Year of Surrender	Surrender Charge per \$1,000
[1	[\$21.36]	[11	[\$15.09]
2	[ 21.11]	12	[ 11.32]
3	[ 20.85]	13	[ 7.54]
4	[ 20.59]	14	[ 3.77]
5	[ 20.31]	15+]	[ 0.00]
6	[ 20.04]		
7	[ 19.75]		
8	[ 19.46]		
9	[ 19.16]		
10]	[ 18.86]		

The above charges apply to each \$1,000 of the Initial Specified Amount surrendered during the Surrender Charge Period. The charge for Surrender of all or any portion of the Initial Specified Amount will be equal to the rate shown above multiplied by the number of thousands of the Initial Specified Amount being surrendered. Additional Surrender Charges related to an increase in Specified Amount will begin from the effective date of the increase. These additional Surrender Charges will be provided in an endorsement to this Policy. There will be a charge not to exceed the Partial Surrender Charge shown in the Surrenders section above for each Partial Surrender.

## POLICY SCHEDULE

(Continued)

<b>Mortality Table</b>
------------------------

2001 Commissioners Standard Ordinary Male or Female, Smoker or Nonsmoker Mortality Table

<b>Guaranteed Interest Rates</b>
----------------------------------

	<b>Annual Effective</b>	<b>Monthly</b>
Declared Interest Account	3.0%	.24663%
Interim Account	3.0%	.24663%

<b>Index Interest Account(s)</b>
----------------------------------

**[Participation Rate Index Interest Account Rider]**

Guaranteed Interest Rate	[0.25%]
Eligible Value Factor	[.0025]
Initial Participation Rate	[50%]
Minimum Participation Rate	[15%]
Index	[S&P 500®]*
Maximum Partial Surrender Percentage	[20%]
Duration Period	[1 year]

**[Index Cap Index Interest Account Rider]**

Guaranteed Interest Rate	[0.25%]
Eligible Value Factor	[.0025]
Initial Index Cap	[10%]
Minimum Index Cap	[0%]
Index	[S&P 500®]*
Maximum Partial Surrender Percentage	[20%]
Duration Period	[1 year]

Index-linked returns do not include the portion of returns generated by the underlying index that come from dividends.

The elements used in determining the Index Interest credited to each Index Interest Account are not guaranteed and can be changed by the Company, subject to the guarantees under the Policy. Any such changes can affect the actual amount of Index Interest credited to each Index Interest Account.

[\* S&P 500® means the Standard and Poor's® 500 Composite Stock Price Index, which is an index consisting of the stock prices of 500 publicly traded companies]

## **POLICY SCHEDULE**

(Continued)

### **Initial Premium Allocation Percentages**

**Declared Interest Account** - [50%]  
**[Participation Rate Account** - [25%]]  
**[Index Cap Account** - [25%]]

### **Allocation Restriction Period**

**Allocation Restriction Period** - [3 Years]

### **Loans**

**Annual Policy Loan Interest Rate** - 8.00%

**Preferred Loan Start Date** - [10<sup>th</sup> Policy Anniversary]  
**Annual Preferred Loan Interest Rate** - [3.00%]

### **Maturity Date**

[June 12, 2097]

Coverage may expire prior to the Maturity Date shown where either no additional premiums are paid following payment of the Initial Premium or subsequent premiums are insufficient to continue coverage to maturity. The duration of coverage will depend on the amount, timing and frequency of premium payments, the interest rate credited, cost of insurance charges, any loans or withdrawals, acceptance of benefits under an accelerated death benefit rider attached to this Policy, policy changes that include policy increases, decreases or death benefit option changes. If coverage continues to maturity, there is the possibility there may be little or no Cash Surrender Value to be paid on that date.

# POLICY SCHEDULE

## Schedule of Benefits

BASIC POLICY	Years Payable	Monthly Cost of Insurance
Flexible Premium Adjustable Life Insurance With Index-Linked Interest	[86]	See Page 20
* The rates shown on Page 20 are to be modified, as follows:		
-- add \$0.42 to each rate fro two policy years		
<b>ADDITIONAL BENEFITS provided by Riders</b>		
[Participation Rate Index Interest Account Rider] Effective Date – [June 12, 2011]	--	\$0
[Index Cap Index Interest Account Rider] Effective Date – [June 12, 2011]	--	\$0

## Schedule of Premiums & Expense Charges

Premium Class	-	[Standard – Non-Tobacco]
Initial Premium	-	[\$1,311.96]
Planned Periodic Premium	-	[\$1,311.96]
Due Date (for Planned Periodic Premium)	-	[12 <sup>th</sup> Day of Each June]
Deduction Day	-	[12 <sup>th</sup> Day of Each Month]
Allocation Day	-	[12 <sup>th</sup> Day of Each Month]
Minimum Monthly Premium	-	[\$109.33]
Minimum Monthly Premium Period	-	[14] Years
Premium Expense Charge Percentage	-	Guaranteed 7.50% Initial [7.50%]
Monthly Administration Fee	-	\$7.70 [7.70]
Monthly Expense Charge Rate	-	
Per \$1,000 of Initial Specified Amount	-	
Years [1 – 10]	-	[\$0.26] [0.26]
Years [11 and Later]	-	\$0.00 \$0.00

## Increases and Decreases in Specified Amount

Minimum Specified Amount	-	[\$50,000]
Minimum Increase Amount	-	\$10,000

# POLICY SCHEDULE

(Continued)

<b>Surrenders</b>
-------------------

**Partial Surrender Charge - \$25**  
**Surrender Charge Period - [14] Years**

<b>Table of Surrender Charges per \$1,000 of Initial Specified Amount</b>
---

Year of Surrender	Surrender Charge per \$1,000	Year of Surrender	Surrender Charge per \$1,000
[1	[\$21.36]	[11	[\$15.09]
2	[ 21.11]	12	[ 11.32]
3	[ 20.85]	13	[ 7.54]
4	[ 20.59]	14	[ 3.77]
5	[ 20.31]	15+]	[ 0.00]
6	[ 20.04]		
7	[ 19.75]		
8	[ 19.46]		
9	[ 19.16]		
10]	[ 18.86]		

The above charges apply to each \$1,000 of the Initial Specified Amount surrendered during the Surrender Charge Period. The charge for Surrender of all or any portion of the Initial Specified Amount will be equal to the rate shown above multiplied by the number of thousands of the Initial Specified Amount being surrendered. Additional Surrender Charges related to an increase in Specified Amount will begin from the effective date of the increase. These additional Surrender Charges will be provided in an endorsement to this Policy. There will be a charge not to exceed the Partial Surrender Charge shown in the Surrenders section above for each Partial Surrender.



# POLICY SCHEDULE

(Continued)

<b>Mortality Table</b>
------------------------

2001 Commissioners Standard Ordinary Male or Female, Smoker or Nonsmoker Mortality Table

<b>Guaranteed Interest Rates</b>
----------------------------------

	<b>Annual Effective</b>	<b>Monthly</b>
Declared Interest Account	3.0%	.24663%
Interim Account	3.0%	.24663%

<b>Index Interest Account(s)</b>
----------------------------------

**[Participation Rate Index Interest Account Rider]**

Guaranteed Interest Rate	[0.25%]
Eligible Value Factor	[.0025]
Initial Participation Rate	[50%]
Minimum Participation Rate	[15%]
Index	[S&P 500®]*
Maximum Partial Surrender Percentage	[20%]
Duration Period	[1 year]

**[Index Cap Index Interest Account Rider]**

Guaranteed Interest Rate	[0.25%]
Eligible Value Factor	[.0025]
Initial Index Cap	[10%]
Minimum Index Cap	[0%]
Index	[S&P 500®]*
Maximum Partial Surrender Percentage	[20%]
Duration Period	[1 year]

Index-linked returns do not include the portion of returns generated by the underlying index that come from dividends.

The elements used in determining the Index Interest credited to each Index Interest Account are not guaranteed and can be changed by the Company, subject to the guarantees under the Policy. Any such changes can affect the actual amount of Index Interest credited to each Index Interest Account.

[\* S&P 500® means the Standard and Poor's® 500 Composite Stock Price Index, which is an index consisting of the stock prices of 500 publicly traded companies]

## **POLICY SCHEDULE**

(Continued)

### **Initial Premium Allocation Percentages**

**Declared Interest Account** - [50%]  
**[Participation Rate Account** - [25%]]  
**[Index Cap Account** - [25%]]

### **Allocation Restriction Period**

**Allocation Restriction Period** - [3 Years]

### **Loans**

**Annual Policy Loan Interest Rate** - 8.00%

**Preferred Loan Start Date** - [10<sup>th</sup> Policy Anniversary]  
**Annual Preferred Loan Interest Rate** - [3.00%]

### **Maturity Date**

[June 12, 2097]

Coverage may expire prior to the Maturity Date shown where either no additional premiums are paid following payment of the Initial Premium or subsequent premiums are insufficient to continue coverage to maturity. The duration of coverage will depend on the amount, timing and frequency of premium payments, the interest rate credited, cost of insurance charges, any loans or withdrawals, acceptance of benefits under an accelerated death benefit rider attached to this Policy, policy changes that include policy increases, decreases or death benefit option changes. If coverage continues to maturity, there is the possibility there may be little or no Cash Surrender Value to be paid on that date.

**Statement of Variability**  
**Description of Bracketed Items on the Policy Schedule**  
**Policy Form AGLA 11IUL**

BRACKETED ITEM	DESCRIPTION OF BRACKETED ITEM
<b>POLICY DATA (Page 1)</b>	
<b>Insured</b> – [John Doe]	This field displays the name of primary Insured covered under the policy. The name is fixed at issue.
<b>Age</b> – [35]	This field displays the issue age of the Insured. The range of values is 0-85. The age is fixed at issue.
<b>Gender</b> – [Male]	This field displays the gender of the Insured. The possible values are either Male or Female. The gender is fixed at issue.
<b>Policy Number</b> – [123456789]	This field displays the number used to identify the policy in internal Company administrative systems. The policy number is a nine-digit number that is fixed at issue.
<b>Date of Issue</b> – [June 12, 2011]	This field displays the date on which the policy is issued. The range of values is from 6/12/2011 to 12/31/9999. This date is fixed at issue.
<b>Initial Specified Amount</b> – [\$100,000]	This field displays the specified amount of the policy on the date of issue. The range of values is \$25,000 to \$10,000,000.
<b>Death Benefit Option</b> – [A]	This field displays the death benefit pattern in effect on the Date of Issue. The possible values are either A (referring to a level death benefit) or B (referring to a death benefit that varies with the accumulation value.)
<b>[State Insurance Department]</b> <b>[Telephone Number: [xxx-xxx-xxxx]]</b>	This field displays the name and telephone number of the Insurance Department in the state in which the policy is issued.
<b>POLICY SCHEDULE</b>	
<b>BASIC POLICY</b> <b>Flexible Premium Adjustable Life Insurance</b> <b>With Index-Linked Interest</b> <b>Years Payable</b> <b>[86]</b>	This field displays the number of years that a monthly cost of insurance is due under the basic policy. This is equal to 121 minus the age on the date of issue.
<b>ADDITIONAL BENEFITS provided by Riders</b> <b>[Participation Rate Index Interest Account Rider]</b> <b>Effective Date</b> – [June 12, 2011] <b>[Index Cap Index Interest Account Rider]</b> <b>Effective Date</b> – [June 12, 2011]	The fields displaying the name of one or both rider(s) will only appear if the one or both of these optional rider(s) are added to the base policy.  The Effective Date is the date of issue of the rider. The range of values is from 6/12/2011 to 12/31/9999. This date is fixed at the time of issue of the rider.
<b>Premium Class</b> - [Standard – Non Tobacco]	This field displays the Insured's s premium class. The possible values for this field are:  Standard Preferred – No Tobacco Standard – No Tobacco Preferred – Tobacco Standard – Tobacco Rated – No Tobacco Rated - Tobacco

BRACKETED ITEM	DESCRIPTION OF BRACKETED ITEM									
POLICY SCHEDULE (Continued)										
Initial Premium - [\$807.96]	This field displays the premium paid on the date of issue.									
Planned Periodic Premium - [\$807.96]	This field displays the periodic premium indicated in the application.									
Due Date (for Planned Periodic Premium) - [12 <sup>th</sup> Day of Each June]	This field displays the due date for each periodic premium based on the premium mode selected in the application.									
Deduction Day - [12 <sup>th</sup> ] Day of Each Month	This field displays the date on which the Monthly Deduction is deducted from the Accumulation Value. Day shown is the same as the day of the month that the policy is issued.									
Allocation Day – [12 <sup>th</sup> ] Day of Each Month	This field displays the day of a given month that an Index Interest Account may be established.									
Minimum Monthly Premium - [\$67.33]	This field displays the Minimum Monthly Premium for the policy. This amount varies based on the Insured's issue age, gender, and premium class.									
Minimum Monthly Premium Period - [14] Years	This field displays the number of years that a Minimum Monthly Premium provision of the policy is in effect. This period is fixed at the time of issue. The duration of this period will never exceed the surrender charge period.									
Premium Expense Charge Percentage Initial - [7.50%]	This field displays the initial value for the premium expense charge percentage. The range of values is 0.00% to the Guaranteed Premium Expense Charge Percentage.									
Monthly Administration Fee Initial - [\$7.70]	This field displays the initial value for the monthly administration fee. The range of values is \$0.00 to the Guaranteed Monthly Administration Fee.									
Monthly Expense Charge Rate Per \$1,000 of Initial Specified Amount <div><div></div><table><tr><td></td><td>Guaranteed</td><td>Initial</td></tr><tr><td>Years[ 1 – 10]:</td><td>[\$0.26]</td><td>[\$0.26]</td></tr><tr><td>Years [11 and Later]:</td><td>\$0.00</td><td>\$0.00</td></tr></table></div>		Guaranteed	Initial	Years[ 1 – 10]:	[\$0.26]	[\$0.26]	Years [11 and Later]:	\$0.00	\$0.00	<p>These fields display the monthly expense charge per 1,000 of specified amount. The Guaranteed Monthly Expense Charge Rate per 1,000 of Initial Specified Amount varies depending on the Specified Amount and the insured's gender, issue age, and premium class. The guaranteed charges are provided in the actuarial memorandum for the form. The range of values for the Initial Monthly Expense Charge Rate per 1,000 of Initial Specified Amount is \$0.00 to the Guaranteed Monthly Expense Rate Per \$1,000 of Initial Specified Amount.</p> <p>These fields also display the number of policy years for which a specific guaranteed and initial monthly expense charge per \$1,000 of initial specified is deducted. The range of values is 1 year to 121 years.</p>
	Guaranteed	Initial								
Years[ 1 – 10]:	[\$0.26]	[\$0.26]								
Years [11 and Later]:	\$0.00	\$0.00								
Minimum Specified Amount - [\$50,000]	This field shows the minimum specified amount that must remain in force following a decrease in specified amount requested by the owner. The range of values is \$0 to \$100,000.									
Surrender Charge Period - [14] Years	This is the number of years that any surrender or decrease in specified amount is subject to a surrender charge. This period will not exceed 14 years.									
Table of Surrender Charges per \$1,000 of Initial Specified Amount	This table varies based on the insured's issue age, gender, and premium class. The guaranteed maximum surrender charges are provided in the actuarial memorandum for the form.									

<b>BRACKETED ITEM</b>	<b>DESCRIPTION OF BRACKETED ITEM</b>
<b>POLICY SCHEDULE (Continued)</b>	
<b>[Participation Rate Index Interest Account Rider]</b>	This section will only print if the Participation Rate Index Interest Account Rider is attached to the policy.
<b>Guaranteed Interest Rate – [0.25%]</b>	This field display minimum interest rate that will be paid on the Participation Rate Account. The range of values is 0.01% to 10.00%.
<b>Eligible Value Factor – [.0025]</b>	This field displays the mathematical factor that is used in calculating the Eligible Value for the Participation Rate Account. The range of values is 0.0001 to 0.10.
<b>Initial Participation Rate – [50%]</b>	This field displays the participation rate, on the effective date of the rider, which is used in calculating the amount of Index Interest to be credited to the Participation Rate Account, if any, that is established on the effective date of the rider. This rate will never be less than the declared Minimum Participation Rate or greater than 200%.
<b>Minimum Participation Rate – [15%]</b>	The Minimum Participation Rate is fixed at the time the policy is issued. The company may declare a new Minimum Participation Rate that will apply to new issues. The range of possible values is 0% to 200%.
<b>Index – [S&amp;P 500<sup>®</sup>]*</b>  [S&P 500 <sup>®</sup> means the Standard and Poor's <sup>®</sup> 500 Composite Stock Price Index, which is an index consisting of the stock prices of 500 publicly traded companies]*	This field displays the name of the index that is used in calculating the amount of Index Interest to be credited to the Participation Rate Account. The possible values for this field are S&P 500 <sup>®</sup> , Dow Jones Euro Stoxx 50, Hang Seng or a comparable index approved by the Interstate Insurance Product Regulation Commission.  This footnote will provide a brief description of the Index.
<b>Maximum Partial Surrender Percentage – [20%]</b>	This field displays the maximum percentage of the amount in a Participation Rate Account that is eligible for partial surrender if such partial surrender is not made on the date the Participation Rate Account ends. The range of values is 0% to 100%
<b>Duration Period – [1 year]</b>	This field displays the length of time between the date any given Participation Rate Account is established and the date such account ends. The range of values is 0.25 year to 10 years.

BRACKETED ITEM	DESCRIPTION OF BRACKETED ITEM
<b>POLICY SCHEDULE (Continued)</b>	
<b>[Index Cap Index Interest Account Rider]</b>	This section will only print if the Index Cap Index Interest Account Rider is attached to the policy.
<b>Guaranteed Interest Rate – [0.25%]</b>	This field displays the minimum interest rate that will be paid on the Index Cap Account. The range of values is 0.01% to 10.00%
<b>Eligible Value Factor – [.0025]</b>	This field displays the factor in decimals that is used in calculating the Eligible Value for the Index Cap Account. The range of values is 0.0001 to 0.10.
<b>Initial Index Cap – [10%]</b>	This field displays the index cap, on the effective date of the rider, which is used in calculating the amount of Index Interest to be credited to the Index Cap Account, if any, that is established on the effective date of the rider. This rate will never be less than the declared Minimum Index Cap or greater than 100%.
<b>Minimum Index Cap – [0%]</b>	The Minimum Index Cap is fixed at the time the policy is issued. The company may declare a new Minimum Index Cap that will apply to new issues. The range of possible values is 0% to 100%.
<b>Index – [S&amp;P 500<sup>®</sup>]*</b>  [S&P 500 <sup>®</sup> means the Standard and Poor's <sup>®</sup> 500 Composite Stock Price Index, which is an index consisting of the stock prices of 500 publicly traded companies]*	This field displays the name of the index that is used in calculating the amount of Index Interest to be credited to the Index Cap Account. The possible values for this field are S&P 500 <sup>®</sup> , Dow Jones Euro Stoxx 50, Hang Seng or a comparable index approved by the Interstate Insurance Product Regulation Commission.  This footnote will provide a brief description of the Index.
<b>Maximum Partial Surrender Percentage – [20%]</b>	This field displays the maximum percentage of the amount in an Index Cap Account that is eligible for partial surrender if such partial surrender is not made on the date an Index Cap Account ends. The range of values is 0% to 100%
<b>Duration Period – [1year]</b>	This field displays the length of time between the date any given Index Cap Account is established and the date such account ends. The range of values is 0.25 year to 10 years.
<b>Declared Interest Account – [50%]</b>	This field displays the premium allocation percentage for the Declared Interest Account on the Date of Issue. The range of values is 0% to 100%.
<b>[Participation Rate Account – 25%]]</b>	This field displays the premium allocation percentage for the Participation Rate Account on the Date of Issue. The range of values is 0% to 100%.
<b>[Index Cap Account – 25%]]</b>	This field displays the premium allocation percentage for the Index Cap Account on the Date of Issue. The range of values is 0% to 100%.
<b>Allocation Restriction Period – [3 years]</b>	This field displays the period of time, in the case of certain policy loan, during which net premiums and loan repayments will automatically be allocated to the Declared Interest Account. The range of values is 0 years to 10 years.

BRACKETED ITEM	DESCRIPTION OF BRACKETED ITEM
<b>POLICY SCHEDULE (Continued)</b>	
<b>Preferred Loan Start Date</b> – [10 <sup>th</sup> Policy Anniversary]	This field displays the date on which the policy becomes eligible for preferred loans. The range of values is 1 <sup>st</sup> Policy Anniversary to 20 <sup>th</sup> Policy Anniversary.
<b>Annual Preferred Loan Interest Rate</b> – [3.00%]	This field displays the annual interest rate that is applicable only to preferred policy loans. The range of values is the Guaranteed Interest Rate for the Declared Interest Account up to 8.00%.
<b>Maturity Date</b> – [June 12, 2097]	This is the date on which the policy matures. This is set to the first policy anniversary on or after the insured's 121 <sup>st</sup> birthday.

NOTE: Bracketed text on last page of policy is language prescribed by the owner of the Index shown on the Policy Schedule. This language may be changed if mandated by the owner of such Index.

**Statement of Variability for Application AGLA1000 (0611)**

<b>Variable Field</b>	<b>Explanation</b>
Plan Name _____ If Term: Duration _____ Ins Amount _____	This field displays the type, name, amount and duration, if applicable, of life insurance being applied for.
If Universal Life: Death Benefit __ Option A    __ Option B	These fields allow the applicant to choose between the death benefit options currently available under a universal life insurance policy. Other death benefit options may become available in the future.
<b>For Indexed UL Only:</b> Initial Premium Allocation Percentages (Must Total 100%) Index Cap Account ____ % Participation Rate Account ____ % Declared Interest Account ____ %	These fields allow the applicant to choose the premium allocation percentages at issue between the types of interest accounts currently available. Other account choices may become available in the future.
Waiver Rider	This rider name will appear if form approved in state.
Additional Insurance Option	This rider name will appear if form approved in state.
Accidental Death	This rider name will appear if form approved in state.
Single Premium Whole Life	This rider name will appear if form approved in state.
Spouse Level Term Rider	This rider name will appear if form approved in state.
Primary Proposed Insured – Disability Income 2 or Disability Income 5 – Monthly Benefit – Occ. Class	This information will appear if rider form approved in state.
Terminal Illness Rider	This rider name will appear if form approved in state.
Monthly Guarantee Premium Rider	This rider name will appear if form approved in state.
Children’s Term Rider	This rider name will appear if form approved in state.
Level Term Rider	This rider name will appear if form approved in state.
Additional Insured Rider	This rider name will appear if form approved in state.
Additional Proposed Insured – Disability Income 2 or Disability Income 5 – Monthly Benefit – Occ. Class	This information will appear if rider form approved in state.
Chronic Illness Accelerated Benefit Rider II – Primary Proposed Insured information – Additional Proposed Insured information	This information will appear if rider form approved in state.
Accelerated Benefit Rider 2 Initial Defined Benefit-Primary Proposed Insured - 5% 10% Other	This information will appear for states in which the rider form has been approved by Interstate Insurance Product Regulation Commission.
Accelerated Benefit Rider 2 Initial Defined Benefit-Additional Proposed Insured – 5% 10% Other	This information will appear for states in which the rider form has been approved by Interstate Insurance Product Regulation Commission..

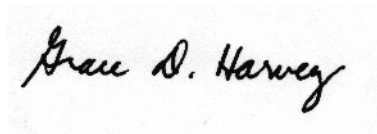


AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

ARKANSAS CERTIFICATION

Subject: AGLA 11IUL	Flexible Premium Adjustable Life Insurance
	Policy with Index-Linked Interest
AGLA 11IUL M	Insert Page 20/21 for Males – Table of Guaranteed
	Monthly Cost of Insurance Rates Per \$1,000 of
	Net Amount at Risk
AGLA 11IUL F	Insert Page 20/21 for Females – Table of Guaranteed
	Monthly Cost of Insurance Rates Per \$1,000 of
	Net Amount at Risk
AGLA PRIIAR	Participation Rate Index Interest Account Rider
AGLA ICIIAR	Index Cap Index Interest Account Rider
AGLA1000-AR REV 0611	Application for Life Insurance (Paper App)
AGLA1000-AR REV 0611 CR	Conditional Receipt for Premium Deposit (Paper App)

This is to certify that I have reviewed the External-Indexed Contract Guidelines in regard to this filing and that to the best of my knowledge and belief, the filing is in compliance.



Grace D. Harvey  
Vice President

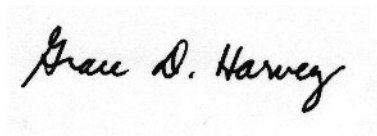
DATE: August 8, 2011

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

ARKANSAS CERTIFICATION

Subject: AGLA 11IUL	Flexible Premium Adjustable Life Insurance
	Policy with Index-Linked Interest
AGLA 11IUL M	Insert Page 20/21 for Males – Table of Guaranteed
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	Net Amount at Risk
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	Monthly Cost of Insurance Rates Per \$1,000 of
	Net Amount at Risk
AGLA PRIIR	Participation Rate Index Interest Account Rider
AGLA ICIIAR	Index Cap Index Interest Account Rider
AGLA1000-AR REV 0611	Application for Life Insurance (Paper App)
AGLA1000-AR REV 0611 CR	Conditional Receipt for Premium Deposit (Paper App)

This is to certify that I have reviewed the contract summary disclosure in this filing and that to the best of my knowledge and belief, the filing is in no way deceptive, confusing or misleading and contains at least the items required in the Disclosure and Advertising Section of the External-Indexed Contract Guidelines and is compliant.



Grace D. Harvey  
Vice President

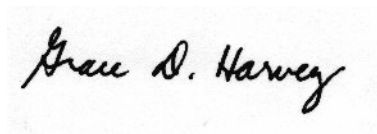
DATE: August 8, 2011

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

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Subject: AGLA 11IUL	Flexible Premium Adjustable Life Insurance
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	Net Amount at Risk
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	Monthly Cost of Insurance Rates Per \$1,000 of
	Net Amount at Risk
AGLA PRIIAR	Participation Rate Index Interest Account Rider
AGLA ICIIAR	Index Cap Index Interest Account Rider
AGLA1000-AR REV 0611	Application for Life Insurance (Paper App)
AGLA1000-AR REV 0611 CR	Conditional Receipt for Premium Deposit (Paper App)

This is to certify that the company will address external-indexed contracts separately in the annual (Section 8) actuarial opinion and memorandum addressing each year the amount and type of assets held and the level of reserves and how developed.



Grace D. Harvey  
Vice President

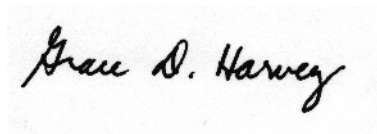
DATE: August 8, 2011

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

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AGLA1000-AR REV 0611	Application for Life Insurance (Paper App)
AGLA1000-AR REV 0611 CR	Conditional Receipt for Premium Deposit (Paper App)

This is to certify that the company will establish and maintain a detailed file defining the system for hedging and that results of regular analysis of the effectiveness of the system will be made a part of the file.



Grace D. Harvey  
Vice President

DATE: August 8, 2011

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

ARKANSAS CERTIFICATION

Subject: AGLA 11IUL	Flexible Premium Adjustable Life Insurance
	Policy with Index-Linked Interest
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AGLA1000-AR REV 0611	Application for Life Insurance (Paper App)
AGLA1000-AR REV 0611 CR	Conditional Receipt for Premium Deposit (Paper App)

This is to certify that the company will provide agent education so that all persons soliciting an external-indexed contract are suitably licensed and trained and that the enclosed external-indexed contract will not be solicited by any person who is not trained and qualified. The company will maintain detail files of training procedures available for the inspection by the Commissioner.

  
Terry Keiper  
Senior Vice President  
Consumer Solutions and Corporate Communication

DATE: August 8, 2011

SERFF Tracking Number: AGLA-127301366 State: Arkansas

Filing Company: American General Life and Accident Insurance State Tracking Number: 49207  
Company

Company Tracking Number: AGLA 11IUL, ETAL

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life

Product Name: AGLA 11IUL, etal

Project Name/Number: AGLA 11IUL, etal/AGLA 11IUL

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/30/2011	Form	Flexible Premium Adjustable Life Insurance Policy with Index-Linked Interest	08/08/2011	AGLA 11IUL (AR).pdf (Superceded)

# American General Life and Accident Insurance Company

American General Center • Nashville, Tennessee 37250-0001  
(A STOCK COMPANY)

**The values in this Policy may be affected by an external index; however, this Policy does not directly participate in any stock or equity investment.**

This Policy is a legal contract between You, the Owner, and Us, American General Life and Accident Insurance Company. As with any other contract, You should **READ THIS POLICY CAREFULLY**.

**We, Us, Our** and **Company** refer to American General Life and Accident Insurance Company. **You** and **Your** refer to the Owner of this Policy.

## POLICY DATA

**Insured** - [John Doe]

**Policy Number** - [123456789]

**Age** - [35]

**Date of Issue** - [June 12, 2011]

**Gender** - [Male]

**Initial Specified Amount** - [\$100,000]

**Beneficiary** - See Application

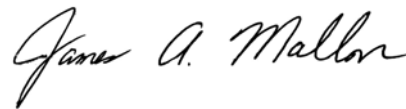
**Death Benefit Option** - [A]

**TWENTY DAYS TO EXAMINE CONTRACT.** If You are not satisfied with this Policy for any reason, You may return the Policy to Us or to Our authorized agent within 20 days after You receive it. If You do so, We will cancel this Policy and refund the premium that was paid.

Signed for American General Life and Accident Insurance Company at Nashville, Tennessee.



SECRETARY



PRESIDENT

**FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY WITH INDEX-LINKED INTEREST  
DEATH BENEFIT PROCEEDS PAYABLE AT DEATH OF INSURED BEFORE THE MATURITY DATE  
FLEXIBLE PREMIUMS PAYABLE TO THE MATURITY DATE**

## CONTENTS OF POLICY

Policy Data	Page 1	Policy Values	Page 8
Policy Schedule	Page 3	Policy Loans	Page 13
Definitions	Page 4	Settlement Options	Page 14
The Owner And The Beneficiary	Page 4	General Provisions	Page 16
Premium Payments	Page 5	Table Of Guaranteed Monthly Cost Of	
Accounts	Page 6	Insurance Rates Per \$1,000 Of Net	
Death Benefit And Death Benefit Options	Page 7	Amount At Risk	Page 20
Changing Your Insurance Policy	Page 8		

Any additional benefit riders, any endorsements, a copy of the application, and any supplemental applications are included after Page 21.

## POLICY PROVISIONS IN ALPHABETICAL ORDER

Accumulation Value On Any Day Other Than A Monthly Deduction Day	Page 9	Increasing The Specified Amount	Page 8
Accumulation Value On Each Monthly Deduction Day	Page 8	Interest Rate	Page 10
Accumulation Value On The Date Of Issue	Page 8	Limitations	Page 14
Age And Gender Incorrectly Stated	Page 16	Loan Balance	Page 13
Allocation	Page 6	Loan Interest	Page 13
Allocation Restrictions	Page 6	Maximum Net Amount At Risk	Page 5
Annual Report	Page 17	Maximum Premium	Page 5
Assigning Your Policy	Page 16	Minimum Monthly Premium	Page 11
Beneficiary	Page 4	Misstatement Of Or Non-Use Of Tobacco And/Or Nicotine	Page 17
Cash Surrender Value	Page 9	Monthly Administration Fee	Page 10
Cash Value	Page 9	Monthly Deductions	Page 9
Change Of Owner Or Beneficiary	Page 5	Monthly Expense Charge	Page 10
Changes In Rates, Charges And Fees	Page 10	No Dividends	Page 17
Changing The Death Benefit Option	Page 8	Owner	Page 4
Changing The Terms Of Your Policy	Page 8	Paid-Up Whole Life Option	Page 12
Common Disaster	Page 4	Partial Surrender	Page 12
Contract	Page 16	Payment Of Cash Surrender Value Benefit	Page 12
Cost Of Insurance For Benefits Provided By Riders	Page 10	Periodic Payments	Page 14
Cost Of Insurance Rate	Page 10	Planned Periodic Premiums	Page 5
Date Of Issue	Page 16	Policy Loan	Page 13
Death Benefit Factor	Page 7	Preferred Loans	Page 13
Death Benefit Proceeds	Page 7	Premium Accounts	Page 6
Death Of Payee	Page 14	Premium Expense Charge	Page 5
Decreasing The Specified Amount	Page 8	Proceeds	Page 5
Definitions	Page 4	Reinstatement	Page 18
Election Of Options	Page 14	Repayment Of Loan Balance	Page 13
Full Surrender	Page 11	Rights Reserved By Us	Page 18
Grace Period	Page 11	Settlement Options	Page 14
How We Calculate A Monthly Deduction	Page 9	Statutory Basis Of Policy Values	Page 17
How We Calculate The Cost Of Insurance For The Basic Policy	Page 9	Suicide Exclusion	Page 16
Illustrative Report	Page 18	Surrender Charge	Page 12
Incontestability	Page 16	Unscheduled Additional Premiums	Page 5
		When This Policy Terminates	Page 18
		Where To Pay	Page 5

## TABLES IN ALPHABETICAL ORDER

Death Benefit Factors, Table Of	Page 7
Guaranteed Monthly Cost Of Insurance Rates Per \$1,000 Of Net Amount At Risk, Table Of	Page 20
Surrender Charges Per \$1,000 Of Initial Specified Amount, Table Of	Page 3A



## POLICY SCHEDULE

### Schedule of Benefits

BASIC POLICY	Years Payable	Monthly Cost of Insurance
Flexible Premium Adjustable Life Insurance With Index-Linked Interest	[86]	See Page 20
<b>ADDITIONAL BENEFITS provided by Riders</b>		
[Participation Rate Index Interest Account Rider] Effective Date – [June 12, 2011]	--	\$0
[Index Cap Index Interest Account Rider] Effective Date – [June 12, 2011]	--	\$0

### Schedule of Premiums & Expense Charges

Premium Class	-	[Standard – Non-Tobacco]
Initial Premium	-	[\$807.96]
Planned Periodic Premium	-	[\$807.96]
Due Date (for Planned Periodic Premium)	-	[12 <sup>th</sup> Day of Each June]
Deduction Day	-	[12 <sup>th</sup> ] Day of Each Month
Allocation Day	-	[12 <sup>th</sup> Day of Each Month]
Minimum Monthly Premium	-	[\$67.33]
Minimum Monthly Premium Period	-	[14] Years
Premium Expense Charge Percentage	Guaranteed	Initial
Monthly Administration Fee	7.50%	[7.50%]
Monthly Expense Charge Rate	\$7.70	[\$7.70]
Per \$1,000 of Initial Specified Amount		
Years [1 – 10]	-\$0.26]	[\$0.26]
Years [11 and Later]	\$0.00	\$0.00

### Increases and Decreases in Specified Amount

Minimum Specified Amount	-	[\$50,000]
Minimum Increase Amount	-	\$10,000

# POLICY SCHEDULE

(Continued)

<b>Surrenders</b>
-------------------

**Partial Surrender Charge** - \$25  
**Surrender Charge Period** - [14] Years

<b>Table of Surrender Charges per \$1,000 of Initial Specified Amount</b>
---

Year of Surrender	Surrender Charge per \$1,000	Year of Surrender	Surrender Charge per \$1,000
[1	[\$21.36]	[ 9	[\$19.16]
2	[ 21.11]	10	[ 18.86]
3	[ 20.85]	11	[ 15.09]
4	[ 20.59]	12	[ 11.32]
5	[ 20.31]	13	[ 7.54]
6	[ 20.04]	14	[ 3.77]
7	[ 19.75]	15+]	[ 0.00]
8	[ 19.46]		

The above charges apply to each \$1,000 of the Initial Specified Amount surrendered during the Surrender Charge Period. The charge for Surrender of all or any portion of the Initial Specified Amount will be equal to the rate shown above multiplied by the number of thousands of the Initial Specified Amount being surrendered. Additional Surrender Charges related to an increase in Specified Amount will begin from the effective date of the increase. These additional Surrender Charges will be provided in an endorsement to this Policy. There will be a charge not to exceed the Partial Surrender Charge shown in the Surrenders section above for each Partial Surrender.

## POLICY SCHEDULE

(Continued)

<b>Mortality Table</b>
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2001 Commissioners Standard Ordinary Male or Female, Smoker or Nonsmoker Mortality Table

<b>Guaranteed Interest Rates</b>
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	<b>Annual Effective</b>	<b>Monthly</b>
Declared Interest Account	3.0%	.24663%
Interim Account	3.0%	.24663%

<b>Index Interest Account(s)</b>
----------------------------------

**[Participation Rate Index Interest Account Rider]**

Guaranteed Interest Rate	[0.25%]
Eligible Value Factor	[.0025]
Initial Participation Rate	[50%]
Minimum Participation Rate	[15%]
Index	[S&P 500®]*
Maximum Partial Surrender Percentage	[20%]
Duration Period	[1 year]

**[Index Cap Index Interest Account Rider]**

Guaranteed Interest Rate	[0.25%]
Eligible Value Factor	[.0025]
Initial Index Cap	[10%]
Minimum Index Cap	[0%]
Index	[S&P 500®]*
Maximum Partial Surrender Percentage	[20%]
Duration Period	[1 year]

Index-linked returns do not include the portion of returns generated by the underlying index that come from dividends.

The elements used in determining the Index Interest credited to each Index Interest Account are not guaranteed and can be changed by the Company, subject to the guarantees under the Policy. Any such changes can affect the actual amount of Index Interest credited to each Index Interest Account.

[\* S&P 500® means the Standard and Poor's® 500 Composite Stock Price Index, which is an index consisting of the stock prices of 500 publicly traded companies.]

## **POLICY SCHEDULE**

(Continued)

### **Initial Premium Allocation Percentages**

**Declared Interest Account** - [50%]  
**[Participation Rate Account** - [25%]]  
**[Index Cap Account** - [25%]]

### **Allocation Restriction Period**

**Allocation Restriction Period** - [3 Years]

### **Loans**

**Annual Policy Loan Interest Rate** - 8.00%

**Preferred Loan Start Date** - [10<sup>th</sup> Policy Anniversary]  
**Annual Preferred Loan Interest Rate** - [3.00%]

### **Maturity Date**

[June 12, 2097]

Coverage may expire prior to the Maturity Date shown where either no additional premiums are paid following payment of the Initial Premium or subsequent premiums are insufficient to continue coverage to maturity. The duration of coverage will depend on the amount, timing and frequency of premium payments, the interest rate credited, cost of insurance charges, any loans or withdrawals, acceptance of benefits under an accelerated death benefit rider attached to this Policy, policy changes that include policy increases, decreases or death benefit option changes. If coverage continues to maturity, there is the possibility there may be little or no Cash Surrender Value to be paid on that date.

## DEFINITIONS

**Age** means age on the Insured's last birthday as shown in the Policy Data on Page 1.

**Attained Age** means the Insured's Age plus the number of full years from the Date of Issue.

**Home Office** means Our main office located at the American General Center in Nashville, Tennessee 37250-0001, or such other location that We may elect.

**Loan Balance** means the sum of any unpaid Policy Loans and accrued Loan Interest.

**Net Amount At Risk** means the excess of the Death Benefit Amount over the Accumulation Value of this Policy.

**Net Premium** means the premium paid, minus the Premium Expense Charge.

**Planned Periodic Premium** means the amount and frequency of premium payments You selected.

**Policy Anniversary** means the date exactly one year subsequent to the Date of Issue of the Policy and the same date in each subsequent year.

**Preferred Loan** means a policy loan that is made at a net cost to You that is less than the net cost of other policy loans.

**Specified Amount** means the amount of insurance in effect on a specified date.

**Unscheduled Additional Premiums** means a deposit of an amount in excess of the Planned Periodic Premiums.

## THE OWNER AND THE BENEFICIARY

### OWNER

The Insured is the Owner of this Policy unless otherwise stated in the application, or later changed. A minor Insured who is not the Owner will automatically become the Owner on his or her 18<sup>th</sup> birthday or upon the death of the Owner, whichever occurs earlier. You may have this Policy endorsed so that this change of ownership will occur at a different time. You must request this endorsement before the Insured's 18<sup>th</sup> birthday.

As Owner, You may exercise all rights in this Policy while the Insured is living. If You are without legal capacity, We will allow Your rights to be exercised by:

- (a) the legally appointed guardian responsible for Your property; or
- (b) a person whom We determine is responsible for Your welfare and support.

To exercise Your rights, You should follow the procedures stated in this Policy. All elections, designations, changes and requests must be made in writing and in a form acceptable to Us.

If You want to request a payment, change a Beneficiary, change an address or request any other action by Us, You should do so on the forms prepared for each purpose. You may get these forms, and advice regarding any questions You might have, from one of Our authorized agents or directly from Our Home Office.

### BENEFICIARY

The Beneficiaries for this Policy are as stated in the application, unless later changed. Each Beneficiary is classified as a First or Second Beneficiary. All surviving Beneficiaries of the same class will share equally in any payments to that class, unless otherwise stated.

We will pay the Death Benefit Proceeds under this Policy to any First Beneficiaries surviving the Insured. If no First Beneficiaries survive the Insured, We will pay any Second Beneficiaries surviving the Insured. If no stated Beneficiary is living when the Insured dies, We will pay:

- (a) the executor or administrator of the Insured's estate; or
- (b) the spouse, child or parent of the Insured whom We determine is entitled to payment.

If any Beneficiary is without legal capacity, We can pay his or her share of the Proceeds to any person whom We determine is responsible for his or her welfare and support. Such payment will discharge Our liability for that payment.

### COMMON DISASTER

If We cannot determine whether a Beneficiary or the Insured died first in a common disaster, We will assume that the Beneficiary died first. Proceeds will be paid on this basis unless an endorsement to this Policy provides otherwise.

## THE OWNER AND THE BENEFICIARY

(Continued)

### PROCEEDS

Proceeds mean the amount payable:

- (a) on the Maturity Date; or
- (b) on exercise of the Full Surrender benefit; or
- (c) on the Insured's death as Death Benefit Proceeds.

The Proceeds on the Maturity Date will be the Cash Surrender Value. The Proceeds on the Insured's death will be the Death Benefit Amount less any outstanding Loan Balance.

All Proceeds and Partial Surrender benefits are subject to the provisions of the Settlement Options section and the other provisions of this Policy.

### CHANGE OF OWNER OR BENEFICIARY

You may change the Owner or the Beneficiary at any time during the lifetime of the Insured unless the previous designation provides otherwise. We can require that any change be endorsed on Your Policy.

Any change will be effective as of the date the change request was signed, except that it will not apply to any payment We make or any action We take before We record the request in Our Home Office.

## PREMIUM PAYMENTS

Premium payments are flexible. This means You may choose the amount and frequency of payments, subject to the limitations below.

The actual amount and frequency of premium payments will affect the Cash Values and the amount and duration of insurance. (See the Policy Values section for a detailed explanation.)

### PLANNED PERIODIC PREMIUMS

The amount and Due Date of the Planned Periodic Premiums You selected are shown on the Policy Schedule. The Initial Premium is due on the Date of Issue. Subsequent Planned Periodic Premiums are due on each Due Date. You may request a change in the amount and frequency. We may limit the amount of any increase. (See the Maximum Premium provision.)

### UNSCHEDULED ADDITIONAL PREMIUMS

You may pay Unscheduled Additional Premiums at any time before the Maturity Date shown on the Policy Schedule. We may limit the number and amount of Unscheduled Additional Premiums. (See the Maximum Premium and Maximum Net Amount At Risk provisions.)

### MAXIMUM PREMIUM

The Maximum Premium payment under this Policy will not be less than the greater of:

- (a) the amount that will continue to qualify this Policy as life insurance; or
- (b) the amount necessary to keep the Policy in force.

We reserve the right to refund the excess of any premium payment made over the Maximum Premium amount that would cause this Policy to fail to qualify as life insurance under Section 7702 of the Internal Revenue Code, unless the premium is necessary to continue coverage under this Policy.

### MAXIMUM NET AMOUNT AT RISK

We reserve the right to refund any premium that may cause an immediate increase in the Net Amount at Risk. We may automatically process a Partial Surrender or reduce the Death Benefit Amount, both of which may have federal tax consequences, if the Net Amount at Risk exceeds Our limitations. (We determine the Net Amount at Risk as shown in the provision entitled "How We Calculate The Cost Of Insurance For The Basic Policy.")

### WHERE TO PAY

You may make Your payments to Us at Our Home Office or to an authorized agent. A receipt signed by an officer of the Company will be furnished upon request.

### PREMIUM EXPENSE CHARGE

The Premium Expense Charge is calculated by multiplying the premium paid by the Premium Expense Charge Percentage. The initial Premium Expense Charge Percentage is shown on the Policy Schedule. The Premium Expense Charge Percentage may be adjusted, but will never be more than the guaranteed Premium Expense Charge Percentage shown on the Policy Schedule.

# ACCOUNTS

## ALLOCATION

There are three types of accounts that may be available under this Policy that provide a way to credit interest to the Accumulation Value. Such accounts are: the Declared Interest Account, the Index Interest Account(s) and the Interim Account.

The initial premium allocation percentages for the Declared Interest Account and the Index Interest Account(s) are shown on the Policy Schedule. The allocation may be 100% to the Index Interest Account(s) or the Declared Interest Account, or may be divided among the accounts in whole percentage points with the sum of the percentages totaling 100%.

We must receive your request in writing to change Your allocation instructions. Your requested change will not become effective until the Allocation Day next following the immediately upcoming Allocation Day.

## ALLOCATION RESTRICTIONS

If any portion of a Policy Loan is deducted from an Index Interest Account prior to the end of such account's Duration Period, We will establish an Allocation Restriction Period for the length of time shown on the Policy Schedule. Net Premiums and loan repayments will be allocated to the Declared Interest Account during the Allocation Restriction Period and may not be allocated otherwise. At the end of the Allocation Restriction Period, the allocation of Net Premiums and loan repayments, assuming no new Policy Loans have been taken, will be made according to the premium allocation percentages then in effect. If any portion of a new Policy Loan is deducted from an Index Interest Account prior to the end of such account's Duration Period, a new Allocation Restriction Period will begin on the date such new Policy Loan is taken.

## PREMIUM ACCOUNTS

Net Premiums and loan repayments that are not designated to receive Index Interest will be placed in the Declared Interest Account. Net Premiums and loan repayments that are designated to receive Index Interest will be allocated to the Index Interest Account(s) on the Allocation Day shown on the Policy Schedule, subject to the restrictions stated in the Allocation Restrictions provision. Net Premiums and loan repayments that are designated to receive Index Interest and are received on

any day other than an Allocation Day will be placed in the Interim Account and may receive excess interest until the next Allocation Day, subject to the restrictions stated in the Allocation Restrictions provision. On the next Allocation Day, such Net Premiums and loan repayments will be transferred from the Interim Account to the applicable Index Interest Account(s).

The Declared Interest Account and the Interim Account will receive interest as described in the "INTEREST RATE" provision. Index Interest Account(s) will be made a part of this Policy by riders. Each such rider will describe how Index Interest is to be calculated and applied to an account.

The Duration Period for the Index Interest Account(s) is shown on the Policy Schedule. At the end of such Duration Period, You may renew each Index Interest Account(s) for another Duration Period or You may transfer all or a portion of the funds in such Index Interest Account to a Declared Interest Account or another Index Interest Account. You may request a change by notifying Us in writing at least 30 days prior to the end of the Duration Period. If you do not request a change, Your Index Interest Account(s) will automatically be renewed for an additional Duration Period.

On each Allocation Day, the following will be placed in the appropriate Index Interest Account(s), subject to the Allocation Restrictions provision:

- (a) Net Premiums and loan repayments received on such Allocation Day that are designated to receive Index Interest; and
- (b) the Accumulation Value in the Interim Account; and
- (c) the Renewal Allocation Amount as described in each rider.

Subject to the Allocation Restrictions provision, You may allocate all or a portion of the Accumulation Value receiving Declared Interest to Your Index Interest Account(s). Such value will be placed in the Interim Account until the next Allocation Day when new Index Interest Account(s) will be established.

## DEATH BENEFIT AND DEATH BENEFIT OPTIONS

### DEATH BENEFIT PROCEEDS

If the Insured dies prior to the Maturity Date and while this Policy is in force, We will pay the Death Benefit Proceeds to the Beneficiary after We receive due proof (certified copy of the death certificate, or other lawful evidence providing equivalent information) and proper written claim showing proof of the claimant's interest in the Proceeds. The Death Benefit Proceeds will be subject to:

- (a) the Death Benefit Option in effect on the date of death; and
- (b) any increases or decreases made to the Specified Amount. The Initial Specified Amount is shown in the Policy Data on Page 1.

Guidelines for changing the Death Benefit Option or the Specified Amount can be found in the section entitled "Changing Your Insurance Policy."

Any premium received after the date of death will be refunded and will not be included in the Accumulation Value for purposes of calculating the Death Benefit Proceeds.

The Death Benefit Proceeds will be equal to:

- (a) the Death Benefit Amount of the Policy, after adjusting for any premium received after the date of the Insured's death; less
- (b) any premium amount due if the Insured's death occurs during the Grace Period; less
- (c) any Loan Balance; plus
- (d) the amount payable under any riders attached to this Policy; plus
- (e) any interest as determined below.

We will pay the Death Benefit Proceeds which become payable under this Policy upon the Insured's death as soon as reasonably possible. We will credit interest at an annual rate of 8 percent on the Death Benefit Proceeds after 30 days from the date when proof of death is received in Our Home Office until payment is made.

### Death Benefit Option

The Death Benefit Option that You have chosen is shown in the Policy Data on Page 1 as either Option A or Option B.

#### Option A

If You have chosen Option A, the Death Benefit Amount will be the greater of:

- (a) the Specified Amount on the date of death; or
- (b) the Accumulation Value on the date of death multiplied by the applicable Death Benefit Factor.

#### Option B

If You have chosen Option B, the Death Benefit Amount will be the greater of:

- (a) the Specified Amount plus the Accumulation Value on the date of death; or
- (b) the Accumulation Value on the date of death multiplied by the applicable Death Benefit Factor.

### DEATH BENEFIT FACTOR

The Death Benefit Factor will be based on the Insured's Attained Age on each Policy Anniversary as shown in the following table.

Table of Death Benefit Factors					
Attained Age	Factor	Attained Age	Factor	Attained Age	Factor
0-40	2.50	54	1.57	68	1.17
41	2.43	55	1.50	69	1.16
42	2.36	56	1.46	70	1.15
43	2.29	57	1.42	71	1.13
44	2.22	58	1.38	72	1.11
45	2.15	59	1.34	73	1.09
46	2.09	60	1.30	74	1.07
47	2.03	61	1.28	75-90	1.05
48	1.97	62	1.26	91	1.04
49	1.91	63	1.24	92	1.03
50	1.85	64	1.22	93	1.02
51	1.78	65	1.20	94	1.01
52	1.71	66	1.19	95-120	1.00
53	1.64	67	1.18		



## CHANGING YOUR INSURANCE POLICY

You may request a change in the Specified Amount and in Death Benefit Option to become effective any time after the first Policy Anniversary. Your request must be submitted to Our Home Office in writing.

### INCREASING THE SPECIFIED AMOUNT

Any increase in the Specified Amount cannot be less than the Minimum Increase Amount shown on the Policy Schedule. We will require a supplemental application and, except as provided in any Additional Insurance Option Rider, evidence of insurability satisfactory to Us for any increase in the Specified Amount. An increase will be effective on the monthly Deduction Day on or next following the date the application for increase is approved by Us.

### DECREASING THE SPECIFIED AMOUNT

Any decrease will go into effect on the monthly Deduction Day following the day We receive the request. The Death Benefit Amount remaining in effect after any decrease cannot be less than the greater of:

- (a) the Minimum Specified Amount shown on the Policy Schedule; or
- (b) any Death Benefit Amount required to qualify this Policy as life insurance under applicable tax laws.

Any such decrease will be applied in the following order:

- (a) against any Specified Amount provided by an increase, beginning with the most recent; and
- (b) against the Initial Specified Amount.

Any decrease in Specified Amount will be subject to applicable Surrender Charges on a pro rata basis, and any remaining Surrender Charge will be reduced on a pro rata basis.

### CHANGING THE DEATH BENEFIT OPTION

You may request a change in the Death Benefit Option You have chosen.

- (a) If You request a change from Option A to Option B: the new Specified Amount will be the Specified Amount, prior to change, less the Accumulation Value as of the effective date of the change, but not less than zero.
- (b) If You request a change from Option B to Option A: the new Specified Amount will be the Death Benefit Amount as of the effective date of the change.

We will not require evidence of insurability for a change in the Death Benefit Option. The change will go into effect on the monthly Deduction Day following the date We receive Your request for change.

### CHANGING THE TERMS OF YOUR POLICY

Any change in Your Policy must be approved by one of Our officers. No agent has the authority to make any changes or waive any of the terms of Your Policy.

## POLICY VALUES

### ACCUMULATION VALUE ON THE DATE OF ISSUE

The Accumulation Value on the Date of Issue will be:

- (a) the Net Premium received; less
- (b) the Monthly Deduction for the first Policy Month. (See the How We Calculate A Monthly Deduction provision.)

The first Deduction Day is the Date of Issue. The monthly Deduction Day is shown on the Policy Schedule.

### ACCUMULATION VALUE ON EACH MONTHLY DEDUCTION DAY

One each monthly Deduction Day after the Date of Issue, We will determine the Accumulation Value as follows:

- (a) We will take the Accumulation Value as of the last monthly Deduction Day; and
- (b) add all Net Premiums received since the last monthly Deduction Day; and

- (c) add the interest earned for the month (interest will be applied for the entire month on the excess of the Accumulation Value on the last monthly Deduction Day over any Partial Surrenders made since the last monthly Deduction Day); and
- (d) add Index Interest, if any; and
- (e) subtract any Partial Surrender made and any charges for Partial Surrenders since the last monthly Deduction Day; and
- (f) subtract any Surrender Charge assessed as a result of a decrease in Specified Amount effective on the monthly Deduction Day; and
- (g) subtract the Monthly Deduction for the Policy Month following the monthly Deduction Day. (See the How We Calculate A Monthly Deduction provision.)

## POLICY VALUES

(Continued)

### ACCUMULATION VALUE ON ANY DAY OTHER THAN A MONTHLY DEDUCTION DAY

The Accumulation Value on any day other than a monthly Deduction Day will be:

- (a) the Accumulation Value as of the last monthly Deduction Day; plus
- (b) all Net Premiums received since the last monthly Deduction Day; less
- (c) any Partial Surrenders paid and any charges for Partial Surrenders since the last monthly Deduction Day.

### CASH VALUE

The Cash Value of this Policy will be equal to the Accumulation Value less the Surrender Charge, if any.

### CASH SURRENDER VALUE

The Cash Surrender Value of this Policy will be equal to the Cash Value less any Loan Balance.

### MONTHLY DEDUCTIONS

Unless this Policy is being continued in force under the Minimum Monthly Premium provision, a Monthly Deduction from the Accumulation Value may be made only if the Cash Surrender Value is equal to or greater than the Monthly Deduction. Each Monthly Deduction deducted from the Accumulation Value will cause an equal reduction in the Cash Surrender Value. If the Cash Surrender Value on a monthly Deduction Day is not sufficient to meet the Monthly Deduction for the current month, this Policy will be subject to the Grace Period and Minimum Monthly Premium provisions.

### HOW WE CALCULATE A MONTHLY DEDUCTION

Each Monthly Deduction includes:

- (a) the cost of insurance provided by the basic Policy for the Initial Specified Amount and any subsequent increases; and
- (b) the cost of insurance for benefits provided by riders; and
- (c) the Monthly Administration Fee; and
- (d) the Monthly Expense Charge.

Monthly Deductions will be made from the accounts in the following order:

- (a) from the Interim Account until it is reduced to zero;
- (b) From the Declared Interest Account until it is reduced to zero;
- (c) From among the Index Interest Account(s), allocated proportionately.

### HOW WE CALCULATE THE COST OF INSURANCE FOR THE BASIC POLICY

We calculate the cost of insurance at the beginning of each Policy Month on the monthly Deduction Day. First, the Accumulation Value is calculated on the monthly Deduction Day, but before subtracting the Monthly Deduction for the Policy Month following the monthly Deduction Day. The cost of insurance is determined, first for the Initial Specified Amount, and then for each subsequent increase in Specified Amount, as follows:

- (a) Divide the Death Benefit Amount on the Deduction Day by 1.00 plus the monthly Guaranteed Interest Rate for the Declared Index Account as shown on the Policy Schedule; and
- (b) reduce the result in (a) by the amount of the Accumulation Value allocated to the Initial Specified Amount or subsequent increase in Specified Amount, as the case may be; and
- (c) multiply the result in step (b) by the cost of insurance rate per \$1,000 of Net Amount at Risk, as provided in the Cost Of Insurance Rate provision; and
- (d) divide the result in step (c) by 1,000.

If there have been increases in Specified Amount, steps (a) through (d) above will be applied first to the Initial Specified Amount and then to the increases in Specified Amount, in order by effective date of the increase. The Accumulation Value is allocated first to the Initial Specified Amount until that amount is exhausted, then to the first increase in Specified Amount until that amount is exhausted, and so on until the entire Accumulation Value has been allocated.

# POLICY VALUES

(Continued)

## **COST OF INSURANCE FOR BENEFITS PROVIDED BY RIDERS**

The cost of insurance for benefits provided by riders will be as stated on the Policy Schedule.

## **MONTHLY ADMINISTRATION FEE**

An administration fee will be deducted monthly. The initial Monthly Administration Fee is shown on the Policy Schedule. The amount of the monthly fee may be adjusted, but will never be greater than the guaranteed Monthly Administration Fee shown on the Policy Schedule.

## **MONTHLY EXPENSE CHARGE**

There will be a Monthly Expense Charge associated with the Initial Specified Amount and each increase in Specified Amount. The Monthly Expense Charge due on a monthly Deduction Day is equal to the sum of the Monthly Expense Charges associated with the Initial Specified Amount and all increases in Specified Amount.

The Monthly Expense Charge for the Initial Specified Amount is calculated as follows:

- (a) Multiply the Initial Specified Amount on the Date of Issue by the Monthly Expense Charge Rate per \$1,000 of Initial Specified Amount for the applicable year; and
- (b) divide the result by 1,000.

The initial Monthly Expense Charge rates applicable to the Initial Specified Amount are shown in the Policy Schedule. These rates may be adjusted, but will never be greater than the guaranteed Monthly Expense Charge rates applicable to the Initial Specified Amount as shown in the Policy Schedule.

The Monthly Expense Charge rates applicable to an increase in Specified Amount will be provided in an endorsement to this Policy. Any decrease in Specified Amount will not change any Monthly Expense Charge then in effect.

## **COST OF INSURANCE RATE**

The cost of insurance rate for the Initial Specified Amount, and for each Specified Amount increase, is based on the Insured's:

- (a) Gender; and
- (b) Age last birthday on the Date of Issue and on the effective date of each increase in Specified Amount; and
- (c) Age last birthday on each Policy Anniversary and on each anniversary date of each increase in Specified Amount; and

- (d) premium class shown on the Policy Schedule, associated with the Initial Specified Amount and each increase in the Specified Amount; and

- (e) total Specified Amount in force.

A table of guaranteed monthly cost of insurance rates is included in this Policy. We can use cost of insurance rates that are lower than the guaranteed rates. Any change in rates will apply to all similar policies in the same rate class as this Policy. The rate class of this Policy is determined on its Date of Issue according to:

- (a) the calendar year of issue and Policy Anniversary; and
- (b) the plan of insurance; and
- (c) the amount of insurance; and
- (d) the Age, Gender and premium class of the Insured.

## **CHANGES IN RATES, CHARGES AND FEES**

Any redetermination of the cost of insurance rates, interest rates, Premium Expense Charge, Monthly Administration Fee, or Monthly Expense Charge will be based on Our future expectations as to investment earnings, mortality, persistency, expenses, reinsurance costs, and state and federal taxes or other factors. We will not change these rates or charges in order to recoup any prior losses.

## **INTEREST RATE**

The Guaranteed Interest Rates used in calculating the Accumulation Value are shown on the Policy Schedule. Guaranteed interest is credited monthly to the Declared Interest Account and the Interim Account. We can use interest rates greater than the Guaranteed Interest Rates to calculate the values in the Declared Interest Account and the Interim Account. Any interest in addition to that provided by the Guaranteed Interest Rates will be credited monthly to the Declared Interest Account and the Interim Account.

Interest credited to the Accumulation Value in excess of the guaranteed rate becomes nonforfeitable except for surrender charges.

We can, at Our option, apply different rates of interest to that portion of the Accumulation Value which equals the amount of Loan Balance, but they cannot be less than the Guaranteed Interest Rates.

## POLICY VALUES

(Continued)

### GRACE PERIOD

The Grace Period is the 61-day period that follows a monthly Deduction Day or an Annual Policy Loan Interest due date if:

- (a) there is not enough Cash Surrender Value to pay the Monthly Deduction and any loan interest due; and
- (b) the requirements of the Minimum Monthly Premium provision have not been met.

There is no Grace Period for the initial Monthly Deduction.

If the amount required to keep Your Policy in force is not paid by the end of the Grace Period, this Policy will terminate without value. We will give You at least 31 days notice prior to termination that Your Policy is in the Grace Period and advise You of the amount of premium required to keep Your Policy in force. This 31-day prior notice will be sent to You at Your last address of record as shown in Our Home Office records, if any. If death occurs during the Grace Period, the amount due through the Policy Month in which death occurred will be deducted from the Proceeds.

### MINIMUM MONTHLY PREMIUM

The Minimum Monthly Premium for the Initial Specified Amount and any benefit riders in force on the Date of Issue is shown on the Policy Schedule. The Minimum Monthly Premium Period on the Date of Issue is also shown on the Policy Schedule. This Policy will not enter the Grace Period on a monthly Deduction Day during the Minimum Monthly Premium Period if, on such monthly Deduction Day the following conditions are met:

- (a) The Accumulation Value less any Loan Balance is greater than or equal to the sum of the Monthly Deduction and any loan interest due; and
- (b) The sum of premium paid to date equals or exceeds:
  - (1) the sum of the Minimum Monthly Premiums from the Date of Issue, including the current month; plus

- (2) any Partial Surrenders and Surrender Charge thereon, and any increase in the loan amount since the Date of Issue.

During the Minimum Monthly Premium Period, the Minimum Monthly Premium will be recalculated if:

- (a) the Specified Amount is increased or decreased; or
- (b) a benefit rider is increased, decreased, added or removed; or
- (c) a change in Death Benefit Option occurs.

These changes will not affect the Minimum Monthly Premium Period then in effect, if any.

If a Policy is reinstated with no change in the Specified Amount, Death Benefit Option, Premium Class or benefit riders, if any, the Minimum Monthly Premium will be the same as it was when the Policy lapsed. Reinstatement will not extend or otherwise change the Minimum Monthly Premium Period that was in effect when the Policy lapsed.

### FULL SURRENDER

Subject to the Owner and the Beneficiary section, You may return Your Policy to Us and request its Cash Surrender Value at any time during the Insured's lifetime before the Maturity Date and while this Policy is in force. The Cash Surrender Value will be calculated as of the day We receive Your request. If surrender takes place within 31 days after a Policy anniversary, the Cash Surrender Value will not be less than it was on that anniversary. However, calculation of the Cash Surrender Value and paid-up nonforfeiture benefit will take into account any Partial Surrender, Policy Loan and/or Monthly Deduction taken within those 31 days.

# POLICY VALUES

(Continued)

## PARTIAL SURRENDER

At any time after the first policy year and prior to the Maturity Date, You may request withdrawal of a portion of the Cash Surrender Value of the Policy. The remaining Cash Surrender Value must be at least \$250. For Partial Surrenders to be processed on a Deduction Day, Your written request must be received by Us prior to the Maturity Date and at least ten days prior to such Deduction Day.

Partial Surrenders will be made from the accounts in the following order:

- (a) from the Interim Account until it is reduced to zero;
- (b) from the Declared Interest Account until it is reduced to zero;
- (c) from among the Index Interest Account(s), allocated proportionally.

Partial Surrenders from Index Interest Account(s) are limited to 100% of the ending value in each Index Interest Account that ends on the date the Partial Surrenders are made. If Partial Surrenders are not made on the date Index Interest Account(s) end, Partial Surrenders from Index Interest Account(s) are limited to the Maximum Partial Surrender Percentage shown on the Policy Schedule for each type of Index Interest Account.

A Partial Surrender will result in a reduction of the Cash Value, Accumulation Value and the Death Benefit Amount. The Cash Value and Accumulation Value will be reduced by the amount of the Partial Surrender. If Your Death Benefit Option is Option A, the Specified Amount will be reduced by the amount of the Partial Surrender. If Your Death Benefit Option is Option B, the Specified Amount will not be reduced by the amount of the Partial Surrender. The Specified Amount remaining after this reduction must not be less than the Minimum Specified Amount shown on the Policy Schedule.

There will be a charge not to exceed the Partial Surrender Charge shown on the Policy Schedule for each Partial Surrender in addition to any applicable Surrender Charges. Any Partial Surrender that causes a reduction in the Specified Amount will be treated as a decrease in the Specified Amount.

## SURRENDER CHARGE

The Surrender Charge applicable to the Initial Specified Amount is described in the Table of Surrender Charges per \$1,000 of Initial Specified Amount shown in the Policy Schedule. Such Surrender Charge will apply if the Initial Specified Amount is surrendered or reduced during the Surrender Charge Period. Additional Surrender Charges related to an increase in Specified Amount will begin from the effective date of the increase. These additional Surrender Charges will be provided in an endorsement to this Policy.

## PAYMENT OF CASH SURRENDER VALUE BENEFIT

We can defer payment of Cash Surrender Values for up to six months, or the period allowed by law, whichever is less. However, We cannot delay payment of a partial surrender if the amount is to be used to pay a premium to Us.

## PAID-UP WHOLE LIFE OPTION

At any time while the Insured is living, You may use all or part of this Policy's Cash Surrender Value to purchase paid-up whole life insurance. The effective date of this option shall be the monthly Deduction Day on or next following the date We receive Your written request. The maximum amount of paid-up whole life insurance that may be purchased is equal to:

- (a) the Death Benefit Amount of this Policy on the effective date of the change; less
- (b) the Cash Surrender Value of this Policy on the effective date of the change; plus
- (c) the amount applied as the single premium for this option.

The minimum amount of paid-up whole life insurance that may be purchased is \$1,000.

The amount applied as the single premium cannot be greater than the Cash Surrender Value on the effective date of the change. Any Cash Surrender Value in excess of the amount applied as the single premium shall be paid in a lump sum to You. The paid-up whole life option shall not include any additional benefits provided by riders attached to this Policy.

The single premium for the new Policy will be based on Our single premium rates then in effect. However, the single premium rates for the standard premium class will not be greater than the single premium rates calculated based on the Guaranteed Interest Rate and the Mortality Table shown in the Policy Schedule.

## POLICY LOANS

### POLICY LOAN

At any time while this Policy is in force, You may obtain a Policy Loan on this Policy if it has a Cash Value. This Policy is the only security for the Policy Loan and must be assigned to Us. The amount of the Policy Loan cannot be more than the Cash Value less the following amounts:

- (a) any existing Loan Balance; and
- (b) any loan interest to the next Policy Anniversary or next premium due date, whichever is earlier.

When a Policy Loan is made, the amount of the loan will be deducted on a pro-rata basis from each Index Interest Account, the Declared Interest Account and the Interim Account.

We can defer a Policy Loan for up to six months from the date We receive Your request, except for any Policy Loan made to pay premiums.

Any payment on this Policy will be automatically applied as a loan repayment if a loan is outstanding, unless specified as a premium payment.

### LOAN INTEREST

Interest on a Policy Loan accrues daily at the Annual Policy Loan Interest Rate shown on the Policy Schedule. Interest is due on each Policy Anniversary and when a

Policy Loan is repaid. If the interest is not paid when due, it will be added to the Policy Loan and will accrue additional interest at the same rate.

### LOAN BALANCE

We will deduct any Loan Balance from any amount payable under this Policy.

### REPAYMENT OF LOAN BALANCE

You may repay any part of the Loan Balance at any time while this Policy is in force. A Loan Balance that exists at the end of a Grace Period may not be repaid. (See the Reinstatement provision.) Failure to repay the Loan Balance will not terminate this Policy unless the Loan Balance exceeds the Cash Value.

Each loan repayment will be allocated in accordance with the premium allocation percentages in effect at the time the loan repayment is made, subject to the restriction stated in the Allocation Restrictions provision.

### PREFERRED LOANS

Starting on the Preferred Loan Start Date shown in the Policy Schedule, this Policy will be eligible for Preferred Loans.

Interest on a Preferred Loan accrues daily at the Annual Preferred Loan Interest Rate shown in the Policy Schedule.

# SETTLEMENT OPTIONS

Any amount payable under this Policy may be paid as a lump sum or applied under one or more of the following Settlement Options. The payee under any Settlement Option will be the person who would have received the amount applied if the Settlement Option had not been elected.

Any annuity benefits payable under a Settlement Option at their time of payment will not be less than the amount of a single premium immediate annuity that the cash surrender value would purchase at Our then-current rates for the same class of annuitants, whether the annuity benefits are payable in fixed or variable amounts or both.

We guarantee interest under these Settlement Options at the rate of two percent per year. The Settlement Option values are based on the Annuity 2000 Basic Tables, with Age at last birthday, projected with Scale G (50% male, 100% female) for a maximum of 20 years.

The amount of guaranteed income per \$1,000 applied to purchase the Settlement Option will be furnished upon request.

## **OPTION ONE - PAYMENTS OF INTEREST ONLY**

Periodic payments will be made of the interest credited on the amount applied.

## **OPTION TWO - PAYMENTS OF A CHOSEN AMOUNT**

Periodic payments for the amount chosen will be made until the amount applied, together with interest credited, is paid.

## **OPTION THREE - PAYMENTS FOR A CHOSEN PERIOD**

Periodic payments will be made so that the amount applied, together with interest credited, will be paid over the period chosen. The period must be at least five years and not more than 30 years.

## **OPTION FOUR - PAYMENT FOR LIFE WITH A GUARANTEED PERIOD**

The amount applied will be used to provide a life annuity with a guaranteed payment period. The guaranteed payment period must be 10 or 20 years. The payee must submit proof of Age satisfactory to Us.

## **OPTION FIVE - OTHER PLANS OF PAYMENTS FOR LIFE**

The amount applied will be used to provide a life annuity of any kind We issue on the date this option is elected. The payee must submit proof of Age satisfactory to Us.

## **PERIODIC PAYMENTS**

Monthly, quarterly, semiannual or annual periodic payments may be selected. However, each periodic payment must be at least equal to the minimum required under Our current rules at the time payments are made.

## **ELECTION OF OPTIONS**

Settlement Options may be elected or changed by:

- (a) You, while the Insured is living; or
- (b) the Beneficiary when the Insured dies and before any payments have been made.

Settlement Options Four and Five cannot be changed after the first payment is made.

You may request that the Policy be endorsed to prevent the Beneficiary from changing a Settlement Option You have elected. You must request this endorsement while the Insured is living.

We can require that any election, or later change of election, be endorsed on the Policy. Any election will be effective as of the date the election was signed, except that it will not apply to any payment We may make or any action We take before We record the election in Our Home Office.

## **LIMITATIONS**

We have the right to pay any amount payable under this Policy in a lump sum, rather than under a Settlement Option, if the payee is:

- (a) an assignee; or
- (b) a fiduciary; or
- (c) not a natural person (such as a corporation).

All Settlement Options will be subject to Our rules at the time payments under the Option begin. These include withdrawal rights, designation of payees, and evidence of Age and survival.

Settlement Options cannot be assigned. To the extent permitted by law, they will be exempt from the claims of creditors.

## **DEATH OF PAYEE**

If the payee dies and We have not agreed to other arrangements, We will pay to the payee's estate:

- (a) any unpaid amount applied and accrued interest under Option One; and
- (b) the discounted value of any remaining payments under Options Two and Three; and
- (c) the discounted value of any remaining guaranteed payments under Options Four and Five.

The discounted values for Options Two, Three, Four or Five will be calculated using the interest rate that was used to determine the amount of the annuity payments selected.

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## GENERAL PROVISIONS

### CONTRACT

The consideration for this contract is the application and payment of the first premium. In return, We promise to provide the insurance coverage described in this Policy.

The entire contract consists of:

- (a) the basic policy; and
- (b) the riders that add benefits to the basic policy, if any; and
- (c) the endorsements to the Policy, if any; and
- (d) the attached copy of Your application, and any amendments or supplemental applications.

All statements made by You for the Issue or reinstatement of a Policy shall, in the absence of fraud, be deemed representations and not warranties.

### DATE OF ISSUE

The Date of Issue of this Policy is shown in the Policy Data on Page 1. It is the date from which all premium Due Dates, Policy Years, Policy Anniversaries and Monthly Deduction dates are determined.

### ASSIGNING YOUR POLICY

During the lifetime of the Insured, You may assign this Policy as security for an obligation. We will not be bound by an assignment unless it is received in writing at Our Home Office. The assignment, unless otherwise specified by You, shall take effect on the date the notice of assignment is signed by You, subject to any payments made or actions taken by Us before such assignment was received. We will not be responsible for the validity of any assignment.

### INCONTESTABILITY

We rely on the statements made in the application for the Policy and applications for any reinstatements or increases in Specified Amount. No statement may be used in defense of a claim under the Policy unless it is in such applications.

Except for non-payment of premiums, for fraudulent misrepresentation, or as stated below, We cannot contest this Policy after it has been in force during the Insured's lifetime for two years from the Date of Issue.

Exceptions: We cannot contest any claim related to an increase in Specified Amount until such increase has been in effect during the Insured's lifetime for two years.

If this Policy is reinstated, We cannot contest this Policy after it has been in force during the Insured's lifetime for two years from the date of reinstatement.

We can contest a reinstatement or an increase in Specified Amount only on the basis of the information furnished in the application for such reinstatement or increase.

Any contest of coverage shall be based on a statement contained in an application attached to this Policy and shall be material to the risk accepted or hazard assumed by Us.

This two-year limitation does not apply to any disability or accidental death benefit, or to the nonpayment of premium.

### SUICIDE EXCLUSION

If the Insured takes his or her own life, while sane or insane, within two years from the Date of Issue, We will limit the Death Benefit Proceeds to the premiums paid less any Policy Loans and less any partial Cash Surrenders paid.

If there are any increases in the Specified Amount (See the section entitled "Changing Your Insurance Policy"), a new two-year period shall apply to each increase beginning on the date of each increase. The Death Benefit Proceeds will be the costs of insurance and Monthly Deductions associated with each increase.

If this Policy is reinstated, subject to the Reinstatement provision, a new two-year suicide exclusion period will begin on the date of reinstatement. If the Insured takes his or her own life, while sane or insane, within two years from the date of reinstatement, the Death Benefit Proceeds payable will be limited to the premiums paid since the date of reinstatement, less any Policy Loans taken and less any partial Cash Surrenders paid under the reinstated policy.

### AGE AND GENDER INCORRECTLY STATED

The Insured's Age and Gender on the Date of Issue are shown in the Policy Data on Page 1. If the Age or Gender of the Insured is incorrectly stated, We will adjust the Death Benefit Amount. The adjusted Death Benefit Amount will be the amount that would have been purchased by the most recent Monthly Deduction at the Insured's correct Attained Age and Gender.

## GENERAL PROVISIONS

(Continued)

### MISSTATEMENT OF OR NON-USE OF TOBACCO AND/OR NICOTINE

Notwithstanding any other provision in this Policy, if We determine with respect to an Insured Person, that:

- (a) the Policy was issued in a Premium Class based upon a representation in the application of the Insured Person's non-use of tobacco and/or nicotine; and
- (b) the Insured Person's representation in the application for coverage regarding the non-use of tobacco and/or nicotine was incorrect; and
- (c) a corrected Premium class will be applied to such Insured Person.

We may, using a corrected Premium Class,

- (a) adjust the Policy's Monthly Deduction, to reflect the corrected Premium Class; and
- (b) adjust the Death Benefit Proceeds of an Insured Person's coverage under this Policy to the amount that would have been purchased at the correct smoking status.

In the adjustment of the Death Benefit Proceeds to reflect the correct smoking status, We will consider the most recent mortality charge by adjusting the Net Amount At Risk by the ratio of the incorrect Cost of Insurance Rate to the Cost of Insurance Rate using the correct smoking status. We will not make any retrospective recalculations to the Accumulation Value.

### STATUTORY BASIS OF POLICY VALUES

The Cash Values and the paid-up nonforfeiture benefits of the Policy are not less than the minimum values and benefit required by the NAIC Universal Life Insurance Regulation, model number 585. Cash Values, Guaranteed Costs of Insurance Rates and net single premiums are based on the Mortality Table shown in the Policy Schedule for the appropriate Gender and Age last

birthday. Continuous functions are used with interest at the Guaranteed Interest Rate shown on the Policy Schedule.

The Cash Values are equal to or more than those required by law. A detailed statement of the method of computing values and benefits has been filed with the insurance supervisory official of the state in which this Policy is delivered.

### NO DIVIDENDS

This Policy will not pay dividends. It will not participate in any of Our surplus or earnings.

### ANNUAL REPORT

We will send You at least once a year, without charge, an annual report which shows the following:

- (a) the beginning and end dates of the current report period; and
- (b) premiums paid; and
- (c) expense charges and partial surrender charges, if any, deducted; and
- (d) interest credited to Your Accumulation Value; and
- (e) the cost of insurance deducted; and
- (f) Partial Surrender benefits paid to You; and
- (g) the amount of any outstanding Policy Loan, if any, at the end of the current report period; and
- (h) the cost deducted for any riders; and
- (i) the Cash Surrender and Accumulation Values at the beginning and end of the current report period; and
- (j) the Death Benefit Amount at the beginning and end of the current reporting period.

## GENERAL PROVISIONS

(Continued)

### ILLUSTRATIVE REPORT

At any time while this Policy is in force, You may request from Us an illustration of contract values. The values will be based on both guaranteed and then-current assumptions. A reasonable fee, not to exceed \$50, may be charged for additional reports requested in a Policy Year.

### WHEN THIS POLICY TERMINATES

This Policy will terminate if:

- (a) You request that this Policy be terminated; or
- (b) the Insured dies; or
- (c) the Policy matures; or
- (d) the Grace Period ends without receipt of the required payment to keep this Policy in force.

### REINSTATEMENT

We will reinstate this Policy at any time within five years after the end of the Grace Period and before the Maturity Date. To reinstate this Policy, You must:

- (a) present evidence of insurability for the Insured satisfactory to Us; and
- (b) pay any unpaid Minimum Monthly Premium due from the Date of Issue through the date the Policy lapsed; and
- (c) pay enough premium to keep the Policy in force for two months without entering the Grace Period; and
- (d) repay or reinstate any Loan Balance outstanding at the time of termination, including any loan interest.

The reinstated Policy will be in force from the monthly Deduction Day on or next following the date We approve the reinstatement application. The schedules of Surrender Charges and Monthly Expense Charges in effect on the date the Policy lapsed will apply to the reinstated Policy.

The Accumulation Value at the time of reinstatement will be:

- (a) the Accumulation Value at the lapse date; plus
- (b) the premiums paid at the time of reinstatement, less any applicable Premium Expense Charges; less
- (c) an amount which is calculated as the difference in (1) and (2), where:
  - (1) is the Surrender Charge on the lapse date; and
  - (2) is the Surrender Charge on the reinstatement date.

Unless the effective date of reinstatement is an Allocation Day, an Index Interest Account will not be established until the first Allocation Day following reinstatement.

If a person other than the Insured is covered by an attached rider, coverage will be reinstated according to the rider.

### RIGHTS RESERVED BY US

Upon notice to You, this Policy may be modified by Us, but only if such modification is necessary to make any changes as required by the Internal Revenue Code or by any other applicable law, regulation or interpretation in order to continue treatment of this Policy as life insurance under applicable tax law including, but not limited to, Section 7702 of the Internal Revenue Code.

Any request by You to change this Policy is subject to the terms and limitations of such applicable tax law as well.

When required by law, We will obtain Your approval of changes and We will gain approval from any appropriate regulatory authority.

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**TABLE OF GUARANTEED MONTHLY COST OF INSURANCE RATES  
PER \$1,000 OF NET AMOUNT AT RISK**

ATTAINED AGE	AGGREGATE		ATTAINED AGE	TOBACCO	NO TOBACCO	ATTAINED AGE	TOBACCO	NO TOBACCO
0	\$0.06		40	\$ 0.24	\$ 0.12	80	\$ 8.29	\$ 6.22
1	0.03		41	0.26	0.13	81	9.13	6.95
2	0.02		42	0.29	0.15	82	10.00	7.74
3	0.02		43	0.32	0.16	83	10.94	8.61
4	0.01		44	0.36	0.18	84	12.02	9.59
5	0.01		45	0.39	0.20	85	13.26	10.69
6	0.01		46	0.43	0.22	86	14.63	11.92
7	0.01		47	0.46	0.23	87	16.11	13.27
8	0.01		48	0.49	0.25	88	17.68	14.74
9	0.01		49	0.52	0.26	89	19.33	16.30
10	0.02		50	0.56	0.28	90	20.96	17.89
11	0.02		51	0.61	0.31	91	22.54	19.49
12	0.02		52	0.67	0.34	92	24.20	21.20
13	0.03		53	0.74	0.38	93	25.96	23.05
14	0.04		54	0.83	0.43	94	27.87	25.04
15	0.05		55	0.93	0.48	95	29.84	27.06
16	0.06		56	1.03	0.54	96	31.77	29.09
17	0.07		57	1.12	0.59	97	33.84	31.31
18	0.07		58	1.21	0.64	98	36.10	33.74
19	0.08		59	1.31	0.71	99	38.54	36.43
20	0.10	\$0.07	60	1.43	0.78	100	40.90	39.08
21	0.11	0.07	61	1.59	0.88	101	42.98	41.51
22	0.11	0.07	62	1.77	0.99	102	45.22	44.17
23	0.12	0.08	63	1.96	1.11	103	47.64	47.11
24	0.13	0.08	64	2.15	1.23	104	50.49	50.33
25	0.13	0.08	65	2.34	1.36	105	54.03	53.86
26	0.14	0.08	66	2.52	1.49	106	57.96	57.80
27	0.15	0.08	67	2.70	1.63	107	62.35	62.19
28	0.15	0.08	68	2.89	1.77	108	67.27	67.12
29	0.15	0.08	69	3.10	1.94	109	72.85	72.70
30	0.15	0.08	70	3.34	2.13	110	79.19	79.04
31	0.15	0.08	71	3.64	2.36	111	83.33	83.33
32	0.15	0.08	72	3.98	2.64	112	83.33	83.33
33	0.15	0.08	73	4.33	2.93	113	83.33	83.33
34	0.16	0.08	74	4.71	3.24	114	83.33	83.33
35	0.17	0.09	75	5.14	3.58	115	83.33	83.33
36	0.18	0.09	76	5.61	3.97	116	83.33	83.33
37	0.19	0.10	77	6.16	4.42	117	83.33	83.33
38	0.20	0.11	78	6.80	4.95	118	83.33	83.33
39	0.22	0.11	79	7.51	5.55	119	83.33	83.33
						120	83.33	83.33

The rates shown above represent the guaranteed (maximum) monthly cost of insurance for each \$1,000 of Net Amount at Risk. If this Policy has been issued in a rated premium class, the guaranteed monthly cost will be calculated as shown on the Policy Schedule.

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# **American General Life and Accident Insurance Company**

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